

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G48165** (6)

1. Corporation Name

R. F. O'BRIEN LANDSCAPING, INC.



Principal Place of Business

**2950 NW 132 TERR
OPA LOCKA FL 33054**

Mailing Address

**P.O. BOX 540482
OPA LOCKA FL 33054-0482
US**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
07/11/1983

3a. Date of Last Report
07/28/1995

4. FEI Number

59-2418286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**O BRIEN, ROBERT F.
2950 NW 132 TER
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (must be the individual)

(If the Registered Agent signature is representative of a company)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD O BRIEN, ROBERT**
STREET ADDRESS **1551 S.W. 129 WAY**
CITY-ST-ZIP **DAVE FL 33325**

TITLE ☐ DELETE
NAME **V O'BRIEN, FRANK**
STREET ADDRESS **1014 WELDSTONE CT**
CITY-ST-ZIP **ATLANTA GA 30350**

TITLE ☐ DELETE
NAME **STD O'BRIEN, JOYCE**
STREET ADDRESS **1551 S.W. 129 WAY**
CITY-ST-ZIP **DAVE FL 33325**

TITLE ☐ DELETE
NAME **D BOBERMAN, ROBERT**
STREET ADDRESS **11268 S.W. 112 PLACE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert F. O'Brien

Robert F. O'Brien April 29, 1996

305-6884773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)