

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G65016** (9)

1. Corporation Name

GREENSCAPE OF DESTIN, INC.



Principal Place of Business

Mailing Address

**40 LINCOLN DRIVE
FT. WALTON BEACH FL 32547
US**

**40 LINCOLN DRIVE
P.O. BOX 1208
FT. WALTON BEACH FL 32547
US**

3. Date Incorporated or Qualified
10/10/1983

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2330991

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

10. Name and Address of New Registered Agent

**EDDY DANN B
MISTY WAY
#3770
DESTIN FL 32541**

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

Register typewritten or printed name in registration block or attach separate sheet

(Print Name of Agent Submitting Report) (Date)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
GIBSON, J. BRUCE
3770 MISTY WAY
DESTIN FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
EDDY, DANN
3770 MISTY WAY
DESTIN FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DALECCIO, JENNY
14 RANGER ST
FT WALTON BCH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROUGH, HERBERT
745 INDIAN TRAIL
DESTIN FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KELLEY-RAINEY, GLENDA
822 MOONEY RD.
FT WALTON BEACH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/96

(904) 864-5111

CR2E034 (3/96)