

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 # **H41642** (0)

1. Corporation Name

**FIRST COAST LANDSCAPING & NURSERY, INC.**



Principal Place of Business

**7530 ARGYLE FOREST BLVD  
JACKSONVILLE FL 32244**

Mailing Address

**7530 ARGYLE FOREST BLVD  
JACKSONVILLE FL 32244**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/07/1985**

3a. Date of Last Report

**04/14/1995**

4. FEI Number

**59-2494915**

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

10. Name and Address of New Registered Agent

**BUSCH, ROBERT L.  
369 N CENTER STREET  
BALDWIN FL 32234**

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 and title (if applicable)

(NOTE: Registered Agent Signature required when no change)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

1. TITLE

☐ Change

☐ Addition

NAME

**DAVIS, ASHLEY L.  
6749 ARROWROOT DRIVE  
JACKSONVILLE FL**

2. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY-STATE-ZIP

14. CITY-STATE-ZIP

TITLE

ST

☐ DELETE

2. TITLE

☐ Change

☐ Addition

NAME

**HOSEY, RICHARD A.  
8079 SARCEE TRAIL  
JACKSONVILLE FL**

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY-STATE-ZIP

24. CITY-STATE-ZIP

TITLE

☐ DELETE

3. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

33. STREET ADDRESS

CITY-STATE-ZIP

34. CITY-STATE-ZIP

TITLE

☐ DELETE

4. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

43. STREET ADDRESS

CITY-STATE-ZIP

44. CITY-STATE-ZIP

TITLE

☐ DELETE

5. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

53. STREET ADDRESS

CITY-STATE-ZIP

54. CITY-STATE-ZIP

TITLE

☐ DELETE

6. TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

63. STREET ADDRESS

CITY-STATE-ZIP

64. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 904-771-2711  
Date Telephone

CR2E034 (12/95)