

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H46527 (8)
1. Corporation Name
VEGETATION MANAGEMENT, INC.



Principal Place of Business
**% JERRY L. MASON
2866 FOREST OAKS DR.
ORANGE PARK FL 32073**

Mailing Address
**% JERRY L. MASON
2866 FOREST OAKS DR.
ORANGE PARK FL 32073**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **03/01/1985**
3a. Date of Last Report **02/24/1995**

4. FEI Number **59-2498829**
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

**MASON, JERRY L.
2866 FOREST OAKS DR.
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MASON, JERRY L.	
STREET ADDRESS	2866 FOREST OAKS DR.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	ST	☐ DELETE
NAME	MASON, MOLLY	
STREET ADDRESS	2866 FOREST OAKS DR.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11. TITLE	☐ Change ☐ Addition
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 in 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 holder of a position authorized 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 attached fees.

SIGNATURE: *Molly S. Mason* Molly S. Mason, Secretary 4/1/96 (904) 264-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)