FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H47825 (5)

1. Corporation Name
BRICKMAN III, INC.

Principal Place of Business	Mailing Address
6709 RIDGE RD SUITE 107 PT RICHEY FL 34668 US	6709 RIDGE RD SUITE 107 PT RICHEY FL 34668 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1985
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 8618 Oreto DR
22: Suite, Apt. #, etc.
23: City & State: Port Richey FL
24: Zip: 34668
25: Country: USA

2a. Mailing Address
26: 8618 Oreto DR
27: Suite, Apt. #, etc.
28: City & State: PORT Richey FL
29: Zip: 34668
30: Country: USA

4. FEI Number: 59-2512522 ☐ 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

BRICKMAN, ROBERT
6709 RIDGE RD
SUITE 107
RT RICHEY FL 34639

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8618 Oreto DR
83
84 City: PORT Richey FL 85 Zip Code: 34668

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	BRICKMAN, ROBERT	1 2 NAME	
STREET ADDRESS	770 E. SHORE DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	1 4 CITY-ST-ZIP	34639
TITLE	DST	2 1 TITLE	☐ Change ☐ Addition
NAME	BRICKMAN, MARGARET V.	2 2 NAME	
STREET ADDRESS	3519 PARKWAY BLVD.	2 3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL	2 4 CITY-ST-ZIP	34639
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: _____ 4/25/95 813-849-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0365484 CP