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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

	1996		DIVISION OF CORPORATIONS						
DOCUI 1. Corporation	MENT # H866	13	(7)						
LAND	OSCAPE CONSULTANTS, IN	IC.							•
Principal Place	o of Business	Madaza	Address		wa				
		iviaiing	Agoress						
% PATRICK J. MURPHY 2217 CHABLIS CT WEST ORANGE PARK FL 32073-5241		221	% PATRICK J. MURPHY 2217 CHABLIS CT WEST ORANGE PARK FL 32073-5241		Date Incorporated or Qualified   3a. Date of Last Report				
						11/12/1985	1	02/15/1	
2. Principal Pla	ace of Business	2a. Mai 26	ing Address			4. FEI Number 59-2612178	- <del></del>		Applied For
Suite, Apt.	#, etc.	Suite	e. Apt. #. etc.			5. Certricate of Status Desired			Not Applicable  Additional
City & State		27	f. C						Required
3		28	& State			Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip □	Country	Zφ		Countr	7	8. This corporation has liability fo			
4	9. Name and Address of Curren	29		30			S □ No	-,	
	J. Hamo and Address of Correct	it negistered	Agent	81	Name	10. Name and Address of New	Hegistered	Agent	
MIIRDI	HY, PATRICK J.								
2217 CHABLIS CT WEST				82	Street A	Address (P.O. Box Number is Not Accepta	iole)		
	GE PARK FL			83	ł				
******				84				···	
					' '		FL	'   '	p Code
<ol> <li>Pursuant t or register.</li> </ol>	to the provisions of Sections 607,0502 and agent, or both, in the State of Flore	and 607.150	8, Florida Statutes	the above	named co	rporation submits this statement for the pi board of directors. I hereby accept the app	urpose of cha	inging its r	egistered office
familiar wit	th, and accept the obligations of, Secti	ion 607.0505,	Florida Statutes	a by the corp	io aton 5 i	board or directors, i neverly accept the app	pointment as	registered	agent, i am
SIGNATURE" _	Signature, typed or printed non-electrometered against								
12.	OFFICERS AND			13.	otsgoat recei	equired when reinstatugi ADDITIONS/CHANGES TO OF	DATE LICERS AND	DIRECTO	NOS INLAS
THT_E	PD		DELETE	1 11116	- ·	PD		Change	Addition
NAME	MURPHY, JAMES KEAN			12 NAME		MURPHY, JAMES KEAN	_	Α	
STREET ADDRESS	2245 BOTANY ST.			13 STREE	FADDRESS	2361 CASEY LANE			
C-1Y-ST-Z-P	DRS. INLEY FL			14 Offy - 5	ST - ZIP	GREEN COVE SPRINGS,	FL		
TITLE	VD		DELE LE	2 1 T-TLE		VD		<b>X</b> Change	Addition
NAME	MURPHY, MICHAEL PATRIC	Ж		2.2 NAME		MURPHY, MICHAEL PATR	ICK		
STREET ADDRESS	213 HILL TOP DRIVE			4	ADDRESS	3224 PINE ROAD			
DITY-ST-ZOP	ORANGE PARK FL DST		["] DELFTE	2.4 CHY-5 3.1 THLE	ST ZIF	ORANGE PARK, FL		5	
VAME	MURPHY, PATRICK J.			3 THILE			L.	Change	☐ Addition
				3 O NIAME					
STREET ADDRESS				3.2 NAM( 3.3 S1866	T ACIDRESS				
	2217 CHABLIS CT WEST			33 \$18£F	T ADDRESS				
DITY - ST - ZIP		··············.	DECETE				··· <u>·</u>	7 Change	Addition
DITY-SI-ZIP DITLE	2217 CHABLIS CT WEST	<del></del> .	☐ DECETE	3.3 \$18FF 3.4 CITY - 5				] Change	Addition
DITY+ST+ZIP TITLE NAME	2217 CHABLIS CT WEST		□ DECETE	3.3 \$1866 3.4 \$1174.5 4.1 \$1716	SI - ZIP		Г	] Change	Addition
DITY - ST - ZIP  INTLE  NAME STHEET ADDRESS DITY - ST - Z P	2217 CHABLIS CT WEST			3.3 STREE 3.4 CITY - S 4 * TITLE 4.2 NAME 4.3 STREET 4.4 C-1Y - S	ST : ZIP  ADDRESS		С	] Change	☐ Addition
CHY-SI-ZIP DILE NAME STHEET ADDRESS CHY ST-ZP	2217 CHABLIS CT WEST		DELETE	33 STAFF 34 CITY - 5 4 * TITLE 42 NAME 43 STAFEE 44 CITY - 5 5 1 TITLE	ST : ZIP  ADDRESS			Change	Addition Addition
STREET ADDRESS DITY-SI-ZIP DITE NAME STHEET ADDRESS DITY ST-ZP THEE	2217 CHABLIS CT WEST			33 STREE 34 CHY - S 4 1 TIPLE 42 NAME 43 STREEL 44 CHY S 5 1 TIPLE 52 NAME	ST-ZIP  ADDRESS ST-ZIP				
OTY-ST-ZIP OTTE NAME STHEET ADDRESS OTTY-ST-ZIP OTTE NAME STREET ADDRESS	2217 CHABLIS CT WEST			33 STREE 34 CHY-5 4 * TITLE 42 NAME 43 STREEL 44 CHY-5 5 1 TITLE 52 NAME 53 STREEL	ADDRESS OF ZIP  ADDRESS ADDRESS				
OTY-ST-ZIP  OTTE  NAME  STHEET ADDRESS  OTY-ST-ZIP  OTTE  NAME  STREET ADDRESS  OTY-ST-ZIP	2217 CHABLIS CT WEST		DELETE	3.3 STREE 3.4 CITY-5 4 TITLE 4.2 NAME 4.3 STREET 5.2 NAME 5.3 STREET 5.4 CITY-5	ADDRESS OF ZIP  ADDRESS ADDRESS		С	] Change	Addition
OTY-ST-ZIP OTTE WAME STHEET ADDRESS OTTY-ST-ZIP OTTE WAME STREET ADDRESS OTTY-ST-ZIP OTTE	2217 CHABLIS CT WEST			33 STREE 34 CITY - S 4 - TITLE 42 NAME 43 STREET 44 C-FY - S 5 - TITLE 52 NAME 53 STREET 54 CITY - S 6 - TITLE	ADDRESS OF ZIP  ADDRESS ADDRESS		С		
OTY-ST-ZIP OTTE  NAME STHEET ADDRESS ONLY ST-ZIP OTTE  NAME STREET ADDRESS ONLY-ST-ZIP OTTE  VAME VAME	2217 CHABLIS CT WEST		DELETE	3.3 STREE 3.4 CITY-5 4 TITLE 4.2 NAME 4.3 STREET 5.2 NAME 5.3 STREET 5.4 CITY-5	SL-ZIP  ADDRESS SL-ZIP  AUCHESS SL-ZIP		С	] Change	Addition
OTY-ST-ZIP  OTTE  NAME  SHEET ADDRESS  OTY-ST-ZIP  OTTE  NAME  STREET ADDRESS  OTY-ST-ZIP  OTTE  NAME  STREET ADDRESS  OTY-ST-ZIP	2217 CHABLIS CT WEST ORANGE PARK FL		DELETE	33 STREE 34 CHY-5 4 TITLE 42 NAME 43 STREE 44 CHY-5 5 TITLE 52 NAME 53 STREE 54 CHY-5 6 TITLE 62 NAME 63 STREE 64 CHY-5	ADDRESS SUZP AUDRESS LIZIP AUDRESS LIZIP	ify for the exemption stated in Section 119		Change Change	Addition  Addition

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 preliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Brock 13 if charppell, or on an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 (904) 269-2473

CR2E034 (12/95