

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H86613 (7)
1. Corporation Name
LANDSCAPE CONSULTANTS, INC.

Principal Place of Business
% PATRICK J. MURPHY
2217 CHABLIS CT WEST
ORANGE PARK FL 32073

Mailing Address
% PATRICK J. MURPHY
2217 CHABLIS CT WEST
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/12/1985

4. FEI Number

59-2612178

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MURPHY, PATRICK J.
2217 CHABLIS CT WEST
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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MURPHY, JAMES KEAN
STREET ADDRESS 2361 CASEY LANE
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043
☐ DELETE

TITLE VD
NAME MURPHY, MICHAEL PATRICK
STREET ADDRESS 3224 PINE ROAD
CITY-ST-ZIP ORANGE PARK FL 32065
☐ DELETE

TITLE DST
NAME MURPHY, PATRICK J.
STREET ADDRESS 2217 CHABLIS CT WEST
CITY-ST-ZIP ORANGE PARK FL 32073
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME MURPHY, JAMES KEAN
1.3 STREET ADDRESS 2361 CASEY LANE
1.4 CITY-ST-ZIP GREEN COVE SPRINGS, FL. 32043
☒ Change ☐ Addition

2.1 TITLE VTD
2.2 NAME MURPHY, MICHAEL PATRICK
2.3 STREET ADDRESS 3224 PINE ROAD
2.4 CITY-ST-ZIP ORANGE PARK, FL. 32065
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 registered agent 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 to this report.

SIGNATURE:

JAMES K. MURPHY

2/24/98

904-269-2473

CR2E034 (10/97)