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 APR 27 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08875 (3)

1. Corporation Name

SUBTROPICAL LANDSCAPES, INC.

Principal Place of Business	Mailing Address
~~1620 OAKLEY AVE.~~ ~~FORT MYERS FL 33901~~ ~~US~~	~~1620 OAKLEY AVE.~~ ~~FORT MYERS FL 33901~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1986
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: 20650, SANDY LANE
22: 1
23: ESTERO FL
24: 33928
25: LEE

2a. Mailing Address
26: P.O. BOX 1138
27:
28: ESTERO FL
29: 33928-1130
30: LEE

4. FEI Number: 59-2672236 ☐ 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

~~WOOD, ROBERT G.~~
~~404 SOUTH ROAD~~
~~FT. MYERS FL 33907~~

10. Name and Address of New Registered Agent

81 Name: WOOD, ROBERT G
82 Street Address (P.O. Box Number is Not Acceptable): 20650 SANDY LANE
83: ESTERO FL
84 City: 33928-[redacted] 85 FL 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: /Robert G. Wood/ ROBERT G. WOOD DATE: 4/23/95
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	D.P.	☑ Change ☐ Addition
NAME	WOOD, ROBERT GRAY	1.2 NAME	WOOD, ROBERT GRAY	
STREET ADDRESS	~~404 S. ROAD~~	1.3 STREET ADDRESS	20650, SANDY LANE	
CITY-ST-ZIP	~~FORT MYERS FL~~	1.4 CITY-ST-ZIP	ESTERO FL 33928	
TITLE	~~D~~	2.1 TITLE		☑ Change ☐ Addition
NAME	~~WILSON, HARVEY DORAM, JR~~	2.2 NAME		
STREET ADDRESS	~~1620 OAKLEY AVE~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~FORT MYERS FL~~	2.4 CITY-ST-ZIP		
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: /Robert G. Wood/ ROBERT G. WOOD 4/23/95 (813) 947-3135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

0310218 CP