| | ····· | | | | |
|--|---|---|---|---|---|
| FIL | E NOW: FILING FE | E AFTER MAY 1 | IS \$225 NO | | |
| COF ANNU | PROFIT RPORATION JAL REPORT 1996 | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | |
| DOCUMENT # J14930 (8) | | | | | |
| • | | (-) | | | |
| пал | LANDSCAPING, INC. | | | | |
| Principal Place | of Business | Mailing Address | | - I | (() |
| % HOMER A. HUTTO ROUTE 2: BOX 59-A BAKER FL 32531 % HOMER A. HUTTO ROUTE 2: BOX 53-A BAKER FL 32531 | | | | | |
| | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 05/20/1986 4. FELNumber | 03/13/1995 Applied For |
| 21 <u> 7878</u> | Red BARROW Rd | 1 26 7878 Red | d BARROW Rd | 59-2718126 | Not Applicable |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | Fee Required \$5.00 May Be |
| Ζφ | Country | Zip | Country | 8. This corporation has liability for | Added to Fees intangible tax under s 199.032. |
| 24 | 9. Name and Address of Curre | 29 29 Agent | 30 | Florida Statutes 💢 Yes | s 🔲 No |
| • | | The riogistered Agent | 81 Name | 10. Name and Address of New I | legistered Agent |
| ROUTE BAKER | , HOMER A. 2, BOX 53-A FL 32531 o the provisions of Sections 607.050 | 12 and 607.1508, Florida Statuti | 83 84 Oty | | FL 85 Zip Code |
| or registere familiar wit SiGNATURE | or ogori, or both, in the blace of high | thory 3 .0505, Florida Statutes | ed by the corporation's poard i. | a of directors. I hereby accept the app | 9-14-96 |
| 12. | 2 // 1 P 11 11 11 11 11 11 11 11 11 11 11 11 | ND DIRECTORS | TE: Flagosteredi Agent signature redinesul 13. | when rainstaking: ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1 \$ TITLE | | ☐ Change ☐ Addition |
| NAME STHEET ADDRESS | Hutto, Homer A. Tr-2 Box 53-A- | | 12 NAME | 878 Red Barrow Ro | 4 |
| CITY-ST-ZIP | BAKER FL | | 1.3 STREFT ADDRESS 1.4 CITY - ST - ZiP | 0.10 UEC COLLOCO IC | |
| TITLE | D | ☐ DELETE | 2 1 TITLE | | Change Addition |
| NAME | TURNER, JIM C. | | 22 NAME | 0 1 9 . 12-1 | |
| STREET ADDRESS | RT 2-BOX 53-A | | | 578 Red Barrows Ro | 7 |
| CITY-ST-ZIP TITLE | BAKER FL | DELETE | 2.4 City - \$1 - ZiP 3.1 Title | | 5 6 5 116 |
| NAME | | _ zeren | 3 2 NAME | | ☐ Change ☐ Addit:on |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY S1-ZIP | | |
| T-TLF | | ☐ DELE1F | 4 1 TOTLE | 1. | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | 4.2 NAME | | |
| CiTY-\$1-ZiF | | | 4.3 STREFT ADDRESS 4.4 C TY-S1-ZIF | | |
| THILE | | DELETE | 5 1 TITLE | ··· | Change Addition |
| NAME | | | 5.2 NAME | | _ , |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 7 11 MARIE - 1 1 1 A A A A A A | □ DELETE | 5.4 CITY - S1 - ZIP | | |
| NAME | | ☐ D€L€.TE | 6 1 THLF 6 2 NAME | | Change Addition |
| STREET ADDRESS | | | or margin. | | |

14. I do hereby certify that the information supplied with this fling 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloch 13) if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

14. I do hereby certify that the information supplied with this fling 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 supplied 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that my name appears in Block 12 or Bloch 13) if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR