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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54845 (9) LESLI LARMON LANDSCAPE DESIGN, INC.				
Principal Pract		Mailing Address P. O. BOX 78024		F IN BAING BARN BARN PARIN CHOOL ICHAR BARDA BARN BARN BARN BARN BARN BARN BARN BAR
ST. PETERSBURG FL 33734 ST. PETERSBURG FL 33734-60			33734-6024	
1				3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1987 03/12/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number   Applied For
21		26		<b>59-2765243</b> Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be
23	The second section is a second section of the second section of the second section is a second section of the section of	28		Trust Fund Contribution Added to Fees
Ζφ	Country	Zτρ	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	9. Name and Address of Curren	29  t Registered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
WILSEY, DAVID F. 275 4TH STREET N. ST. PETERSBURG FL 33701				et Address (P.O. Box Number is Not Acceptable)  Fig. 85 Zip Code
office or r agent. La SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Segment types or printed transcollegistered age	of Florida Such change wations of, Section 607.0505	as authorized by the co Florida Statutes. (NOTE: Registered Agent signate	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	WILSEY, LESLI L.	☐ bereic	1.1 TITLE 1.2 NAME	Change E Audition
STREET ADDRESS	1150 - 38 AVE., N. E.		1.3 STREET ADDRESS	s
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TOLE	ALTERNATION OF THE PARTY OF THE	DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	s
CITY-ST-ZIF			2. 4 CITY - ST - ZIP	T Characterist
1 TLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME	Change L. Addition
STREET ADDRESS			3.3 STREET ADDRESS	
City St - 7IP			3.4. CITY-\$T-ZIP	~
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	28
CITY - ST - Zift			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change [] Addition
NGME			5.2 NAME	1
STREET ADORESS			5.3 STREET ADDRESS	35
CITY-ST-ZIF TITLE		DELETE	5.4 CITY-ST-ZIP 61 TITLE	Change Addition
NAME		[_] Dittit	6.2 NAME	Change L Auditori
STREET ADDRESS			6.3 STREET ADDRESS	
STUREL MODULOS			0.3 STREET ADDRESS	N

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

>prosout 4-6-97 813522-64
Dayline Phone #

0385161

**FILED** 

Apr 10 1997 8:00am

Secretary of State