

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J59843** (9)

1. Corporation Name

SOUTHERN LANDSCAPING & IRRIGATION SYSTEMS, INC.



Principal Place of Business

P.O. BOX 312
CLARCONA FL 32710-7312

Mailing Address

P.O. BOX 312
CLARCONA FL 32710-7312

3. Date Incorporated or Qualified
02/25/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **3202 PHIL'S LANE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **3202 PHIL'S LANE**
Suite, Apt. #, etc.

4. FEI Number
59-2919043

Applied For
Not Applicable

22 City & State
23 **APOPKA, FLORIDA**

27 City & State
28 **APOPKA, FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip 25 Country
32712 ORANGE

29 Zip 30 Country
32712 ORANGE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORSE, KENNETH D
501 N MAGNOLIA AVE
ORLANDO FL 32801**

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature of registered or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when changing)

DATE

1/22/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P ZEBROWSKY, JEROME**
STREET ADDRESS **6900 MARYLAND AVE**
CITY-ST-ZIP **GOVELAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **GROVELAND, FL 34736**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME ZEBROWSKY

4/3/96

(407) 886-8082

DATE

DAYTIME PHONE #

CR2E034 (12/95)