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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

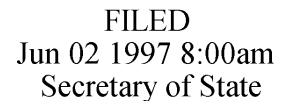
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(3)

SOUTHERN LANDSCAPE, BULLDOZING AND EXCAVATING, I

Principal Place of Business

Mailing Address





ISLAMORADA FL 33036		ISLAMORADA FL 3303	ISLAMORADA FL 33036-4000				
					3. Date Incorporated or Qualified 05/07/1987	3a. Date of Last F	Report
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For
21		26	26		59-2805621	N	ot Applicable
Suite Apt. # etc.		Suite, Apt. #, etc.	·¬		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State		***************************************	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	☐ Added	to Fees
Z₁p	Country	Z _i p	Country		8. This corporation has liability for in		s. 199 .032,
24	25	29 Current Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
		Current Registered Agent	81 1	Name	10. Name and Address of New Neg	haratao waant	
	RNER, RICHARD E.						
	'5 OVERSEAS HWY		82 5	Street Addr	ess (P.O. Box Number is Not Acceptable	le)	
MA	RATHON FL 33050		83	·····			
			84 (City	·	FL 85 Zip	Code
11. Pursuant office or agent 1	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	607.0502 and 607.1508, Florida State of Florida. Such change were obligations of Section 607.0505.	atutes, the above-r as authorized by th Florida Statutes	named corp ne corporati	poration submits this statement for the prion's board of directors. I hereby accep	urpose of changing	ts registered registered
SIGNATURE	Signature typed or printed name of reg-		NOTE: Registered Agent			DATE	
12.		RS AND DIRECTORS	13.	eitheama iedain	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TOLE	DP	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	GASSER, ARTHUR S.		1.2 NAME				
STREET ADDRESS	200 INDUSTRIAL DR		1.3 STREET AD	idress			
CHY - \$1 - 21P	ISLAMORADA FL		1.4 CiTY - ST - 2	ZIP			
TOLE		DELETE	2.1 T/TLE			☐ Change	Addition
NAME			2.2 NAME	ļ			
STREET ADDRESS			2.3 STREET AD	DRESS	V s		
CITY - S1 - ZiP		.)	2. 4 CITY - ST -	ZIP			
Tilli£		DELETE	3.1 T-TLE			☐ Change	☐ Addition
NAMÉ			3.2 NAME				
STREET ADDRESS			3.3 STREET AD	DRESS			
C(TY - S) - Z(P		DELEGE	3.4. CITY - ST -	ZiP			
THE		☐ DELETE	4.1 TILE			Change	Addition
NAVé			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD	- 1			
CITY - ST - ZIP		DELETE	4.4 CITY - ST - 3	ZIP		Change	Addition
TITLE		r''' ntrtit	5.1 TITLE			L., Change	ויסוווניטא ויידו
NAME erocci antioces			5.2 NAME	NODECE			
STREET ADDRESS			5.3 STREET AC	1			
CHY+SI+ZIP THLE		☐ DELETE	5.4 CITY-ST-	LIP"		Change	Addition
NAVE		CT PEETIE	6.2 NAME			Change	Figure 1
STREET ADDRESS			6.3 STREET AC	INRESS			
CHY-SI-ZIP			6.4 CITY-ST-				
₩11 : 31 : ZIF	1	······	■ 0.4 UHF-SI-	CAT			

14. Ido 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 DIRECTOR