

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J87207** (3)
1. Corporation Name
GREEN THUMB LANDSCAPE & MAINTENANCE, INC.



Principal Place of Business
**3469 PALM CITY SCHOOL RD.
BAY I AND J
PALM CITY FL 34990**

Mailing Address
**2048 DOVETAIL TER.
PALM CITY FL 34990
US**

3. Date Incorporated or Qualified
08/14/1987

3a. Date of Last Report
06/20/1995

4. FEI Number
65-0005348

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**TOUSIGNANT, HELEN
467 NE 10 STR
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name **Mitchell D. Brickson**
82 Street Address (P.O. Box Number is Not Acceptable)
2048 DOVETAIL TERRACE
83
84 City **Palm City** FL 85 Zip Code **34990**

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

MDSO President

5/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	BRICKSON, MITCHELL D	2048 DOVETAIL TER.	PALM CITY FL 34990	☐
T	BRICKSON, DUANE H	930 E. 6TH ST.	PALM CITY FL 34990	☐
S	BRICKSON, SCOT A.	926 E. 6TH ST.	PALM CITY FL 34990	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

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CR2E034 (12/95)