SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J89509** **(0)**

1. Corporation Name
A TO Z LANDSCAPING OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1495 HICKORY ST. 920 POCAHONTAS NICEVILLE FL 32578 US	41 WATNELL CIRCLE S.E. 920 POCAHONTAS FT. WALTON BEACH FL 32548 US

3. Date Incorporated or Qualified: 08/26/1987
3a. Date of Last Report: 08/14/1995
4. FEI Number: 59-2834639 — Applied For ☐ Not Applicable ☒
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	2a. Mailing Address
21 41 Waynell Circle S.E.	26 41 Waynell Circle S.E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ft. Walton Beach, FL.	28 Ft. Walton Beach, FL.
24 Zip 32548 — 25 Country	29 Zip 32548 — 30 Country

9. Name and Address of Current Registered Agent

ALLAN D. FISHER
41 WAYNELL CIRCLE S.E.
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Allan D. Zishka
82 Street Address (P.O. Box Number Not Acceptable): 41 Waynell Circle S.E.
83
84 City: Ft Walton Beach — FL — 85 Zip Code: 32548

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: Allan D. Zishka — DATE: 8/5/96
Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZISKHA, ALLAN D.		1.2 NAME		
STREET ADDRESS	920 POCAHONTAS		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	O.	☒ Change ☐ Addition
NAME	ZISKHA, JOY A.		2.2 NAME	Zishka, Amy M.	
STREET ADDRESS	920 POCAHONTAS		2.3 STREET ADDRESS	1495 Hickory St.	
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP	Niceville, FL. 32578	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan D. Zishka — Allan D. Zishka — 8/5/96 — 904-244-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #