

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

**APPROVED
AND
FILED**

05 MAY 19 14:10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
Division of Corporations**

DOCUMENT # J98676 (6)
1. Corporation Name:
FLORIDA LANDSCAPE ASSOCIATES OF PALM HARBOR, INC

Principal Place of Business: **731 FIRST CT
PALM HARBOR FL 34684**
Mailing Address: **POST OFFICE BOX 6188
PALM HARBOR FL 34684
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **10/23/1987** 3a. Date of Last Report: **08/19/1994**
4. FEI Number: **59-2851868** Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Denial: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for damages under 5-1907.03, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 2a. Mailing Address:
21. Date of Birth: 26. Date of Birth:
22. City & State: 27. City & State:
23. City & State: 28. City & State:
24. City & State: 25. City & State: 29. City & State: 30. City & State:

9. Name and Address of Current Registered Agent:
**PIETRAFESA, PAUL T.
25400 US 19 NORTH
SUITE 260
CLEARWATER FL 34623**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address, P.O. Box Number or Full Description:
83. City & State:
84. City & State: **FL** 85. Zip Code:

11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation submits this statement for the purpose of having its registered office reestablished in the State of Florida. The change was authorized by the corporation's board of directors, hereby, and the appointment of registered agent is in compliance with and subject to the provisions of the laws of the State of Florida.

SIGNATURE: _____

12. OFFICER, DIRECTOR, OR SHAREHOLDER	13. ADDITIONAL OFFICER, DIRECTOR, OR SHAREHOLDER
NAME: PD VANVULPEN, BETTY 731 FIRST CT. PALM HARBOR FL	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____
NAME: _____ ADDRESS: _____ CITY & STATE: _____	NAME: _____ ADDRESS: _____ CITY & STATE: _____

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and fully for the incorporation of the State of Florida. I hereby certify that the information is true and correct for the purpose of having its registered office reestablished in the State of Florida. The change was authorized by the corporation's board of directors, hereby, and the appointment of registered agent is in compliance with and subject to the provisions of the laws of the State of Florida.

SIGNATURE: Betty Van Vulpen
5/1/95 (813) 920 6616
Betty Van Vulpen