SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

21

CITY-ST-ZIP

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ISION OF CORPORATIONS

DIVISION OF COMPONATION	97 AUG -L	PH 12: 15
DOCUMENT # K23866 (2) 1. Corporation Name CREATIVE LANDSCAPING & IRRIGATION, INC.		OF STATE E FLORIDA
Mailing Address 857 E OLIVE RD PENSACOLA FL 32514 US		
••	3. Date Incorporated or Qualified 05/12/1988	3a. Date of Last Report 05/01/1996
28. Mailing Address	4. FEI Number	Applied Not App
	Mailing Address 857 E OLIVE RD PENSACOLA FL 32514 US	Mailing Address 857 E OLIVE RD PENSACOLA FL 32514 US DO NOT WRITE 3. Date Incorporated or Qualified 05/12/1988 4. FEI Number

Suite, Apt. #, etc.

27

22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SMITH, GREGORY D. 201 SOUTH BAYLEN STREET, SUITE B 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83

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.

City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE:	Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	Change Addition
NAME	HOLLADAY, JUANITA	1.2 NAME	9000022618996
STREET ADDRESS	1051 LIONSGATE LN	1.3 STREET ADDRESS	-03/08/9701100007
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY - ST - ZIP	****165.46 *****165.40
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY - ST - ZIP	
TITLE	DELETE	3.1 YITLE	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	
TITL	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	Control of the contro	5.4 CITY-ST-ZIP	
TITLE	DELETE	61 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

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 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 natappears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

Fee Trans

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional

Fee Required

Zip Code

Jenewer receiverent

The 1st Reput dit mit

As a result, dit mit

As a result, dit when lefet

dues goes # where lefet

Manne of the suitable mas

Michigan of the 165.