SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K40521 (2)

1. Corporation Name
SOUTHERN PALMS LANDSCAPING, INC.

Principal Place of Business	Mailing Address
1199 SW 1ST AVE B P.O. BOX 7271 BOCA RATON.F L. 33432	1199 SW 1ST AVE B P.O. BOX 7271 BOCA RATON.F L. 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1988
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21: 2227 SE 3 ST.
Suite, Apt. #, etc. 22: A
City & State 23: Boynton BEACH FL.
Zip 24: 33435 Country 25: Palm Beach

2a. Mailing Address
26: PO. BOX 7271
Suite, Apt. #, etc. 27:
City & State 28: BOCA RATON FL.
Zip 29: 33431 Country 30: PALM BEACH

4. FEI Number: 65-0105082 ☐ 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

9. Name and Address of Current Registered Agent

RYAN, STEPHEN T.
2227 S.E. 3RD STREET
#A
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N.A.)		
TITLE	DVS	11 TITLE	~~DPT~~ DPT	☒ Change ☐ Addition
NAME	RYAN, KATHLEEN D.	12 NAME	RYAN, STEPHEN T.	
STREET ADDRESS	2227 S.E. 3RD STREET, #A	13 STREET ADDRESS	141 S.W. 24 Avenue	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	Boynton Beach, Fla. 33435	
TITLE	DPT	21 TITLE	DVS	☒ Change ☐ Addition
NAME	RYAN, STEPHEN T.	22 NAME	Ryan, Kathleen D.	
STREET ADDRESS	1199 S.W. 1ST. AVE. #B	23 STREET ADDRESS	2227 SE 3 ST. A #	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Boynton Beach Fl. 33435	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: _____ 7-20-95 (407) 737-6292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000663 CP