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 # **K97435** **(7)**

1. Corporation Name

SONSHINE LANDSCAPE AND MAINTENANCE, INC.

Principal Place of Business	Mailing Address
5601 S.W. 185TH WAY FT. LAUDERDALE FL 33332 US	5601 S.W. 185TH WAY FT. LAUDERDALE FL 33332 US

3. Date Incorporated or Qualified: 06/22/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0129625 ☐ 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

EPPS, CURTISS W
5310 SW 166 AVE
FT LAUDERDALE 33331

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 18600 S.W. 55th STREET
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33332

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 IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	EPPS, CURTISS		1.2 NAME		
STREET ADDRESS	5310 SW 166 AVE		1.3 STREET ADDRESS	18600 S.W. 55 ST.	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33332	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	EPPS, CRAIG		2.2 NAME		
STREET ADDRESS	5310 SW 166 AVE		2.3 STREET ADDRESS	5601 S.W. 185th WAY	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33332	
TITLE	STD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	EPPS, NANCY		3.2 NAME		
STREET ADDRESS	5310 SW 166 AVE		3.3 STREET ADDRESS	18600 S.W. 55 St.	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33332	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EPPS, CURTISS W. II		4.2 NAME		
STREET ADDRESS	408 NW 108TH TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	EPPS, CHRISTOPHER T.		5.2 NAME		
STREET ADDRESS	352 FAIRWAY CIR.		5.3 STREET ADDRESS	5601 S.W. 185th WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33332	
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: Curtiss W. Epps Curtiss W. Epps 6-5-96 954-434-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #