FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L22775** **(5)**

1. Corporation Name

GRUBBS LANDSCAPE, INC.

Principal Place of Business

% WILLIAM T. GRUBBS
642 RASLEY ROAD
NEW SMYRNA BEACH FL 32169

Mailing Address

% WILLIAM T. GRUBBS
642 RASLEY ROAD
NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/13/1989**

3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **59-3011134** — 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. The corporation has liability for intangible tax under F.S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GRUBBS, WILLIAM T.
642 RASLEY ROAD
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City — B5 Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
Title	D	1 Title	☐ Change ☐ Addition
Name	GRUBBS, WILLIAM T.	1 Name	
Street Address	642 RASLEY ROAD	1 Street Address	
City, St., Zip	NEW SMYRNA BEACH FL	1 City, St., Zip	
Title		2 Title	☐ Change ☐ Addition
Name		2 Name	
Street Address		2 Street Address	
City, St., Zip		2 City, St., Zip	
Title		3 Title	☐ Change ☐ Addition
Name		3 Name	
Street Address		3 Street Address	
City, St., Zip		3 City, St., Zip	
Title		4 Title	☐ Change ☐ Addition
Name		4 Name	
Street Address		4 Street Address	
City, St., Zip		4 City, St., Zip	
Title		5 Title	☐ Change ☐ Addition
Name		5 Name	
Street Address		5 Street Address	
City, St., Zip		5 City, St., Zip	
Title		6 Title	☐ Change ☐ Addition
Name		6 Name	
Street Address		6 Street Address	
City, St., Zip		6 City, St., Zip	

14. I hereby certify that the information supplied with this form is accurate and that the corporation is not subject to the penalties stated in Section 119.07(3)(n), 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 in accordance with Section 607.0505, Florida Statutes.

SIGNATURE: 6/30/95 904-767-0502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010290 CP