

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L27400** (5)

1. Corporation Name  
**HORTICARE LANDSCAPE, INC.**



Principal Place of Business  
**828 ANCHOR RODE DR.  
NAPLES FL 33940  
US**

Mailing Address  
**828 ANCHOR RODE DR.  
NAPLES FL 33940  
US**

3. Date Incorporated or Qualified  
**11/03/1989**

3a. Date of Last Report  
**03/28/1995**

4. FEI Number  
**65-0156245**

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

2. Principal Place of Business

21. Sute, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Sute, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30.

**9. Name and Address of Current Registered Agent**

**DARROW, P. CLARENCE  
2500 TAMiami TRAIL NORTH  
SUITE 215  
NAPLES FL 33940**

**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

Signature, typed or printed name of Registered Agent (if different from above) \_\_\_\_\_ Date: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, GREGORY B.</b>	
STREET ADDRESS	<b>3155 68TH ST. SW</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KNAPP, BETTE J</b>	
STREET ADDRESS	<b>3155 68TH ST. SW</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOHNSON, GREGORY B.</b>	
1.3 STREET ADDRESS	<b>6055 36th Ave. SW</b>	
1.4 CITY - ST - ZIP	<b>NAPLES FL 33999</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HULL, Robert R.</b>	
3.3 STREET ADDRESS	<b>3155 66th St. SW</b>	
3.4 CITY - ST - ZIP	<b>NAPLES FL 33999</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.96 941 262 0903  
Date: Daytona Beach, FL

CR2E034 (12/95)