

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

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95 APR 18 PM 5:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L42567** (2)

1. Corporation Name  
**GREENSCAPE SERVICES-PROFESSIONAL LAWN CARE CORPORATION**

Principal Place of Business <b>% SHANNON T. WILSON 6187 S MCINTOSH RD SARASOTA FL 34238 US</b>	Mailing Address <b>% SHANNON T. WILSON 6187 S MCINTOSH RD SARASOTA FL 34238 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/16/1990</b>	3a. Date of Last Report <b>04/20/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>65-0184090</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 County	29 Zip	30 County

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 <b>WILSON, SHANNON T 3913 HELENA ST SARASOTA FL 34233</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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, Title or printed name of registered agent and filer to apply for) (Print Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>WILSON, SHANNON T.</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3048 GOLDENRAIN WAY</b>	CITY ST ZIP <b>SARASOTA FL</b>	1 2 NAME	
		1 3 STREET ADDRESS	
		1 4 CITY ST ZIP	
TITLE	NAME	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 2 NAME	
CITY ST ZIP		2 3 STREET ADDRESS	
		2 4 CITY ST ZIP	
TITLE	NAME	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3 2 NAME	
CITY ST ZIP		3 3 STREET ADDRESS	
		3 4 CITY ST ZIP	
TITLE	NAME	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4 2 NAME	
CITY ST ZIP		4 3 STREET ADDRESS	
		4 4 CITY ST ZIP	
TITLE	NAME	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5 2 NAME	
CITY ST ZIP		5 3 STREET ADDRESS	
		5 4 CITY ST ZIP	
TITLE	NAME	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6 2 NAME	
CITY ST ZIP		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 of this report, or on an attachment with an address.

SIGNATURE: *Shannon T. Wilson* **SHANNON T. WILSON** 4/12/95 (813) 921-3095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #