

FILE NOW: FILING FEE AFTER MAY 1 IS \$500

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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mamm Secretary of DIVISION OF CORPORATIONS
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DOCUMENT # L69928

(4)

1. Corporation Name

TERRA LANDSCAPING, INC.



Principal Place of Business 8059 GEWANT BOULEVARD PUNTA GORDA FL 33982 US	Mailing Address 8059 GEWANT BOULEVARD PUNTA GORDA FL 33982-2320 US
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3. Date Incorporated or Qualified 05/01/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0283973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent BURTON, JOHN ROBERT 9059 GEWANT BOULEVARD PUNTA GORDA FL 33982
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10. Name and Address of New Registered Agent
1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3. City
4. State <input type="checkbox"/> FL <input type="checkbox"/> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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 and title if applicable.

(NOTE: Registered agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PVD BURTON, JOHN ROBERT	1.2	
STREET ADDRESS	9059 GEWANT BOULEVARD	1.3	1 ADDRESS
CITY-ST-ZIP	PUNTA GORDA FL	1.4	ST-ZIP
TITLE	S BURTON, NANCY RUTH	2.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	9059 GEWANT BOULEVARD	2.2	
STREET ADDRESS	PUNTA GORDA FL	2.3	ADDRESS
CITY-ST-ZIP		2.4	ST-ZIP
TITLE		3.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2	
STREET ADDRESS		3.3	ADDRESS
CITY-ST-ZIP		3.4	ST-ZIP
TITLE		4.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2	
STREET ADDRESS		4.3	ADDRESS
CITY-ST-ZIP		4.4	ST-ZIP
TITLE		5.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2	
STREET ADDRESS		5.3	ADDRESS
CITY-ST-ZIP		5.4	ST-ZIP
TITLE		6.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2	
STREET ADDRESS		6.3	ADDRESS
CITY-ST-ZIP		6.4	ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

John Robert Burton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/24/97  
Daytime Phone: 941-575-8687

CR2E034 (9/96)