

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # L72871 (1)
1. Corporation Name
CREATIVE DESIGN LANDSCAPING INC., OF PERRY, FLORIDA

Principal Place of Business 204 W OAK ST PERRY FL 32347	Mailing Address 204 W OAK ST PERRY FL 32347
2. Doing business as 21	26. Mailing Address 26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
24	29. Zip 30. Country
9. Name and Address of Current Registered Agent SLAUGHTER JR, JAMES N. 204 W OAK ST PERRY FL 32347	
10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number, Apt. #, etc.) 83. 84. City FL 85. Zip Code	

5-1-95 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized 05/09/1990	38. Date of Last Report 04/19/1994
4. FEI Number 59-3030841	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 stamp tax under § 196.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

11. Pursuant to the provisions of Sections 100.107, 100.108 and 100.1508, Florida Statutes, the above named corporation submits this statement to the Florida Department of Management's 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 for the corporation and to keep the office open for the duration of the term of my appointment.

SIGNATURE *JN SLAUGHTER, Jr, President*

5-4-95

12. OFFICER AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TITLE CITY & STATE CITY & ZIP	4. NAME 5. STREET ADDRESS 6. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME TITLE CITY & STATE CITY & ZIP	4. NAME 5. STREET ADDRESS 6. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare by oath that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 100.1508, 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 100, Florida Statutes, and that my name appears in Block A or Block B if changed, or on an attachment with an asterisk.

SIGNATURE: *Jn Sloughter Jr*
SIGNATURE AND TYPE OR PRINTED NAME OF BONDED OFFICER OR DIRECTOR

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