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 MAY -1 PM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78548 (9)

1. Corporation Name
SOUTHEAST LAWN & LANDSCAPE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3992 TOUESTA FL 33469	P.O. BOX 3992 TOUESTA FL 33469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5085 Foxhall Drive N.	26 5085 Foxhall Drive N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33417 Country 25 USA	Zip 29 33417 Country 30 USA

4. FEI Number: 65-0201363 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COX, DONALD J.
2601 MARINA ISLE WAY #502
APT. 502
JUPITER FL 33477

10. Name and Address of New Registered Agent

91 Name: James J. Hockensmith
92 Street Address (P.O. Box Number is Not Acceptable): 5085 Foxhall Drive N.
93
94 City: West Palm Beach FL 95 Zip Code: 33417

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: James J Hockensmith President 4/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	COX, DONALD	1.2 NAME	James J. Hockensmith	
STREET ADDRESS	2601 MARINA ISLE WAY 502	1.3 STREET ADDRESS	5085 Foxhall Drive N.	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	VSD	2.1 TITLE	V/S/D	☒ Change ☐ Addition
NAME	COX, MARIE	2.2 NAME	DeeAnn M. Hockensmith	
STREET ADDRESS	2601 MARINA ISLE WAY 502	2.3 STREET ADDRESS	5085 Foxhall Drive N.	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: James J Hockensmith James J Hockensmith (PRES) 4/26/95 (407) 687-8992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430173 FP