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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L79199 (0)

1. Corporation Name

ROLLINS LANDSCAPE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

% WILLIE T. ROLLINS  
8910 MIRAMAR PARKWAY  
MIRAMAR FL 33025

% WILLIE T. ROLLINS  
8910 MIRAMAR PARKWAY  
MIRAMAR FL 33025

3. Date Incorporated or Qualified

06/06/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 11240 Interchange Cir N

27 11240 Interchange Circle North

City & State

City & State

23 Miramar, FL

28 Miramar, FL

Zip Country

Zip Country

24 33025

25 USA

29 33025

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROLLINS, WILLIE T.  
8910 MIRAMAR PARKWAY - SUITE 213  
MIRAMAR FL 33025

81

Rollins, Willie T.

82

Street Address (P.O. Box Number is Not Acceptable)

11240 Interchange Circle North

83

84

Miramar

FL

85

Zip Code

33025

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 and Florida address

(If NE, Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ROLLINS, WILLIE T.  
8910 MIRAMAR PARKWAY  
MIRAMAR FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
ROLLINS, TONY D.  
8910 MIRAMAR PARKWAY  
MIRAMAR FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
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: Willie T. Rollins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie T. Rollins

6/1/96 (454) 437-8930

CR2E034 (12/95)