

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL 18 AM 8:19

DOCUMENT # L99706 (8)

1. Corporation Name

THE MASTERS TOUCH LANDSCAPING & LAWN MAINTENANCE, INC.

Principal Place of Business

10452 ANCHORAGE COVE LANE
JACKSONVILLE FL 32257

Mailing Address

10452 ANCHORAGE COVE LANE
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1990

3a. Date of Last Report

05/19/1994

4. FEI Number

59-3029647

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.036, Florida Statutes

Yes No

2. Principal Place of Business

21 4686 N Ilah Rd

2a. Mailing Address

26 4686 N Ilah Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Jax, FL

28 City & State

Jax, FL

24 Zip

32257

25 Country

Duval

29 Zip

32257

30 Country

Duval

9. Name and Address of Current Registered Agent

ROYAL, DEBORAH R.
10452 ANCHORAGE COVE LANE
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 Agent or President (use if registered agent and the signer also

is CEO. Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: ROYAL, DANIEL J.
STREET ADDRESS: 10452 ANCHORAGE COVE LN.
CITY ST ZIP: JACKSONVILLE FL

TITLE: DST
NAME: ROYAL, DEBORAH R.
STREET ADDRESS: 10452 ANCHORAGE COVE LN.
CITY ST ZIP: JACKSONVILLE FL

TITLE: NAME: STREET ADDRESS: CITY ST ZIP:

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TITLE: NAME: STREET ADDRESS: CITY ST ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY ST ZIP:

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY ST ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY ST ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY ST ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY ST ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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 110.07(3)(b), 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 the 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:

Deborah Royal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-95 (904) 268-5074
DATE (Typed Name)

CR2E034 (3/95)