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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:19

DOCUMENT # M30090 (8)

1. Corporation Name

HOLIDAY LANDSCAPING, INC

Principal Place of Business	Mailing Address
21025 S.W. 210TH AVE. MIAMI FL 33187	21025 S.W. 210TH AVE. MIAMI FL 33187

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1986

3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 59-2664417 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)

City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) County (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ROVIRA, JOSE B.
21025 SW 210 AVE
MIAMI 33187

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 Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
PST ROVIRA, JOSE B. 21025 SW 210 AVE MIMAI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the corporation named in this report has complied with the filing requirements of Chapter 607, Florida Statutes. I further certify that all other information contained in this report is true and correct to the best of my knowledge and belief. I understand that the signature(s) below constitute(s) acceptance of the appointment as registered agent and my signature(s) is/are made with full knowledge of the penalties provided by Florida Statutes for knowingly making false statements in documents required to be filed with the Department of State.

SIGNATURE: Jose B Rovira 1-10-95 (305)255-6230

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — TELEPHONE #

JOSE B. ROVIRA

0207063 CP