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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000003407 (3)

1. Corporation Name:
EVERGLADES LANDSCAPE, INC.

Principal Place of Business
248 C ROAD
LOXAHATCHEE FL 33470
US

Mailing Address
PO BOX 476
LOXAHATCHEE FL 33470-0476



3. Date Incorporated or Qualified 11/10/1992
3a. Date of Last Report 04/26/1996

2. Principal Place of Business
21 1930 D RD
Suite, Apt. #, etc.
22
City & State
23 LOXAHATCHEE FL
Zip Country
24 33470 25 WEST PALM BEACH 33470 30 W.P.B.

4. FEI Number 65-0381970
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
GOLTZENE, THOMAS R
248 C ROAD
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent
81 Name JAMES FORD
82 Street Address (P.O. Box Number is Not Acceptable) 1930 D RD
83
84 City LOXAHATCHEE FL 85 Zip Code 33470

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 FORD P 4/25/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PTD
NAME GOLTZENE, THOMAS R
STREET ADDRESS 248 C ROAD
CITY-ST-ZIP LOXAHATCHEE FL 33470
TITLE VSD
NAME FORD, JAMES G
STREET ADDRESS 13528 51 PLACE N
CITY-ST-ZIP ROYAL PALM BEACH FL 33411
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE S/T D
1.2 NAME JAYNE IVES
1.3 STREET ADDRESS 13298 82ND ST N
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33412
2.1 TITLE P D
2.2 NAME JAMES FORD
2.3 STREET ADDRESS 1930 D RD
2.4 CITY-ST-ZIP LOXAHATCHEE, FL 33470
3.1 TITLE V D
3.2 NAME ROVIN MORENZI
3.3 STREET ADDRESS 158 BENTON AVE
3.4 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411
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 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 FORD 4/25/97 (561) 795-7933
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)