

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000007221 (4)**

1. Corporation Name

GARY DUNNAVANT'S LANDSCAPE MAINTENANCE, INC.



Principal Place of Business

**2352 N TROPICAL TRAIL
MERRITT ISLAND FL 32953**

Mailing Address

**2352 N TROPICAL TRAIL
MERRITT ISLAND FL 32953**

2. Principal Place of Business

21 **990 Kings Post Road**

Suite, Apt. #, etc.

22 **Rockledge, FL**

City & State

23 **32955**

Zip

24 **Brevard**

County

2a. Mailing Address

26 **990 Kings Post Road**

Suite, Apt. #, etc.

27 **Rockledge, FL**

City & State

28 **32955**

Zip

29 **Brevard**

County

3. Date Incorporated or Qualified
11/20/1992

3a. Date of Last Report
05/31/1995

4. FEI Number
59-3155012

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

g. Name and Address of Current Registered Agent

**DUNNAVANT, GARY
2352 N TROPICAL TR
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
990 Kings Post Road

83

84 City
Rockledge

FL

85 Zip Code
32955

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

Gary Dunnavant

(Print Name of Registered Agent and Title, if applicable)

6-26-96

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DUNNAVANT, GARY**
STREET ADDRESS **2352 N TROPICAL TR**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **990 Kings Post Road**
1.4 CITY-ST-ZIP **Rockledge, FL 32955**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Gary Dunnavant

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

6-26-96

407-690-0014

CR2E034 (12/95)