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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000010594 (9)

1. Corporation Name

GREENSCAPE SERVICES-DESIGN & INSTALLATION CORPORATION

Principal Place of Business

6187 S. MCINTOSH RD.
SARASOTA FL 34238
US

Mailing Address

6187 S. MCINTOSH RD.
SARASOTA FL 34238-2708
US

3. Date Incorporated or Qualified

12/10/1992

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21 8000 FRUITVILLE ROAD

2a. Mailing Address

26 8000 FRUITVILLE ROAD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

SARASOTA FLORIDA

28 City & State

SARASOTA FLORIDA

24 Zip

34240

Country

29 Zip

34240

Country

30

4. FEI Number

65-0387893

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. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

WILSON, WILLIAM T.
6187 S. MCINTOSH RD.
SARASOTA FL 34238

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 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both 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 of registered agent or provider of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILSON, WILLIAM T
STREET ADDRESS 1501 RIDGEWOOD LANE
CITY- ST- ZIP SARASOTA FL

TITLE V ☐ DELETE

NAME WILSON, DARRELL
STREET ADDRESS 3120 EDEN MILLS DR.
CITY- ST- ZIP SARASOTA FL

TITLE ST ☐ DELETE

NAME WILSON, PAMELA B
STREET ADDRESS 1501 RIDGEWOOD LANE
CITY- ST- ZIP SARASOTA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/27/97 (941) 379-8440

0426871

CR2E034 (9/96)