FILE NOW: FILING FEE AT [illegible] MUST BE $44.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -2 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020443 (6)

1. Corporation Name
BAXTER'S LANDSCAPING ENTERPRISES, INC.

Principal Place of Business
18561 S.W. 147 AVE.
LEISURE CITY FL 33033
US

Mailing Address
111 SW 3RD ST
SIXTH FLOOR
MIAMI FL 33130
Suite 2230
1 S.E. 3rd Avenue
Miami, Fl.
33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 03/14/1994

4. FEI Number: ~~APPLIED FOR~~ 590001874 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 23734 S.W. 132nd Ct
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Perrine Fla.
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 33032 / County 30 D

9. Name and Address of Current Registered Agent

HORN, ANDREW W
111 SW 3RD ST Suite 2230
SIXTH FLOOR One S.E. Third Avenue
MIAMI FL 33130 Miami, Florida 33131

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: ... DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	BAXTER, MARY	12 NAME	
STREET ADDRESS	18561 SW 147TH AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33037	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	BAXTER, KENNETH	22 NAME	
STREET ADDRESS	28561 SW 147TH AVE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33037	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is valid and 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: Mary D. Baxter MARY D. BAXTER - PRES. 3-29-95 305-256-5207
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE

01[illegible] CR