

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

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUN 28 AM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # PA3000024313
1. Corporation Name RICH'S LANDSCAPING & SUPPLIES, INC.

Principal Place of Business Mailing Address
1815 N. State Rd. 7
MARGATE, Florida 33063

3. Date Incorporated or Qualified 4/1/93 3a. Date of Last Report 4/94

2. Principal Place of Business 2a. Mailing Address
21 1815 N. State Rd. 7 2a 1815 N. State Rd. 7

4. FEI Number 65 0400161 Applied For Not Applicable

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$0.75 Additional Fee Required

23 City & State MARGATE, FL. 2b City & State MARGATE, Florida

6. Election Campaign Financing \$5.00 May Be Added to Fees

24 Zip 33063 25 Country USA 29 Zip 33063 30 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD LEVITSKY
1815 N. State Rd. 7
MARGATE, Florida 33063

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 [Signature] 4/28/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD LEVITSKY	1.2 NAME	
STREET ADDRESS	8805 NW 35 St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	1.4 CITY-ST-ZIP	500001527485
TITLE		2.1 TITLE	-06729735-01081-021
NAME		2.2 NAME	***225.00 ***225.00
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 unchanged, or on an attachment with an address.

SIGNATURE: [Signature] 4/28/95 306 969 9546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #