

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 25 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000031394 (8)**

1. Corporation Name

**DICKINSON GOLF AND LANDSCAPE SERVICES, INC.**

Principal Place of Business

Mailing Address

185 E INDIANTOWN RD #108  
JUPITER FL 33477

185 E INDIANTOWN RD #108  
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1983

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0405053

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

21 400 Toney Penna Dr.

2a. Mailing Address

26 400 Toney Penna Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jupiter, FL

27 City & State

28 Jupiter, FL

Zip

24 33458

Country

Zip

29 33458

Country

30

9. Name and Address of Current Registered Agent

VAUGHN, DAVID K  
185 E INDIANTOWN RD #108  
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400 Toney Penna Drive

83

84 City  
Jupiter

FL

85 Zip Code

33458

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME VAUGHN, DAVID K  
STREET ADDRESS 185 E INDIANTOWN RD #108  
CITY-ST-ZIP JUPITER FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 400 Toney Penna Dr.  
1.4 CITY-ST-ZIP Jupiter, FL 33458

TITLE VD  
NAME CANINI, JOHN J  
STREET ADDRESS 185 E INDIANTOWN RD #108  
CITY-ST-ZIP JUPITER FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 400 Toney Penna Dr.  
2.4 CITY-ST-ZIP Jupiter, FL 33458

TITLE TSD  
NAME SPRINGER, SHERIDAN M  
STREET ADDRESS 185 E INDIANTOWN RD #108  
CITY-ST-ZIP JUPITER FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 400 Toney Penna Dr.  
3.4 CITY-ST-ZIP Jupiter, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 110.07(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, or on an attachment with an address.

SIGNATURE:

*David K. Vaughn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David K. Vaughn

4/17/95

(407) 747-5505