

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 # P93000032466 (3)

1. Corporation Name

ANDERSON LANDSCAPE MAINTENANCE OF HOBE SOUND, IN
C.



Principal Place of Business

~~8778 HOERIDGE AVE~~
~~HOBE SOUND FL 33455~~
~~US~~

Mailing Address

P.O. BOX 1308
HOBE SOUND FL 33475
US

3. Date Incorporated or Qualified 05/04/1993

3a. Date of Last Record 03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 8775 DOTTIE WAY

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

HOBE SOUND, FL

29 City & State

24 Zip 33455

29 Zip

25 Country USA

30 Country

4. FEI Number 65-0412028

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, DAVID P
8778 HOE RIDGE AVE
HOBE SOUND FL 33455

81 Name

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

8775 DOTTIE WAY

83

84 City

HOBE SOUND

FL

85

Zip Code

33455

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME ANDERSON, DAVID P
STREET ADDRESS ~~8778 HOERIDGE AVE~~
CITY-ST-ZIP ~~HOBE SOUND FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
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 43 if changed, or on an attachment with an address.

SIGNATURE:

David P. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)