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Mar 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000088591 (1)

1. Corporation Name

MCKIBBEN LANDSCAPING, INC.

MCKibben Truck Center Inc.

Principal Place of Business

Mailing Address

1810 SR 17 S  
AVON PARK FL 33825  
US

1810 SR 17 S  
AVON PARK FL 33825-9679  
US



2. Principal Place of Business

2a. Mailing Address

21 2991 US 27 South

26 2991 US 27 South

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

AVON PARK FL

AVON PARK FL

24 Zip

25 Country

33825 Highlands

29 Zip

30 Country

33825 Highlands

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKIBBEN, CHARLES  
1810 US 17 S  
AVON PARK FL 33825

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, 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 D ☐ DELETE

NAME MCKIBBEN, CHARLES  
STREET ADDRESS 1810 SR 17 S  
CITY-ST-ZIP AVON PARK FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME ~~Vice President~~  
1.3 STREET ADDRESS ~~Kathy L MCKibben~~  
1.4 CITY-ST-ZIP ~~1810 SR 17 S~~  
~~AVON PARK FL~~

TITLE ☐ DELETE

NAME Vice President  
STREET ADDRESS Kathy L MCKibben  
CITY-ST-ZIP 1810 SR 17 S  
AVON PARK FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.2 TITLE ☐ Change ☐ Addition

2.3 NAME ☐ Change ☐ Addition

2.4 STREET ADDRESS ☐ Change ☐ Addition

2.5 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

*Charles L MCKibben*  
Charles L MCKibben  
3-27-97 941-453-4744

CR2E034 (9/96)