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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # P94000 ENER IMAGE LANDSCAPING	•)		
Principal Place of Business		Mailing Address			
5425 63RD WAY NORTH ST. PETERSBURG FL 33709		5425 63RD WAY NORTH ST. PETERSBURG FL 33709			
				 Date Incorporated or Qualified 01/12/1994 	3a. Date of Last Report 05/01/1995
 Principal Pla 21 	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		59-3222492	Not Applicable \$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30	Florida Statutes Yes	—
	Name and Address of Current	Registered Agent		10. Name and Address of New I	Registered Agent
0100101			81 Name		
O'CONNOR, SEAN P 5425 63RD WAY NORTH			82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)
	ERSBURG FL 33709		83		
01.121					····
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of Sectio	and 607.1508, Florida Statute	es, the above-named corporad by the corporation's boar	ation submits this statement for the pu	rpose of changing its registered office
familiar wit	th, and accept the obligations of Sectio	n 607.0505, Florida Statutes.			A
SIGNATURE	Some, typed or printed name of registered agent ar	V SEAN P. (JCONNON Pre- TE: Registered Agent signature required		4125 196
12.	OFFICERS AND		13.		DATE FICERS AND DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1. 1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	O'CONNOR, SEAN		1.2 NAME		
STREET ADDRESS	5425 63RD WAY NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ST. PETERSBURG FL 33709	[] DELETE	1.4 CHY-ST-ZIP		
NAME	TYLER, KRIS		2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	C/O 5425 63RD WAY NORTH		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY - ST- ZIP		
TITLE	DV	☐ DELETE	3. 1 TITLE		Change Addition
NAME	Jackson, Robert		3.2 NAME		_
STREET ADDRESS	C/O 5425 63RD WAY NORTH		3.3. STREET ADDRESS		
Tily-SI-ZIP	ST. PETERSBURG FL	ריין הירי דיר	3.4 CITY-ST-ZIP		
TITLE NAME		DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-ST-ZiP		
TITLE		☐ DELETE	5 1 THILE		☐ Change ☐ Addition
NAME			5 2 NAME		_
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME CONTROL			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereby	y certify that the information supplied wi	th this filing is voluntarily furni	■ 6.4 City-St-ZiP shed and does not qualify fo	or the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that oath; that f	the information indicated on this annual am an officer or director of the corpora Block 12 or Block 13 if changes or on	report or supplemental annu tion or the receiver or trustee	al report is true and accurate empowered to execute this	e and that my signature shall have the	same lengt affect as if made under 1

OF ON AN ALTRICHMENT WITH AN AUGUSS.

SEAN P. OCONNOR

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3 54/ 1004 Daytime Phone #