FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010788 (5)

DESIGN TECHNICS LANDSCAPE ARCHITECTS. INC.

Principal Place of Business Mailing Address 12180 DIVIDING OAKS TRAIL. W 12180 DIVIDING OAKS TRAIL, W JACKSONVILLE FL 32223 JACKSONVILLE FL 32223-3252 3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1994 09/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3226805 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 29 30 Florida Statutes ☐ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 LECAIN, GREGORY J Name 12180 DIVIDING OAKS TRAIL, W Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32223 83 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 farmura with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typical or printed name of registered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE 100 LECAIN, GREGORY J 1.2 NAME NAME 12180 DIVIDING OAKS TRAIL W STREET ADDRESS 1.3 STREET ADORESS JACKSONVILLE FL 1.4 CITY - ST-ZIP CITY ST 216 TD DELETE Addition Change THE 2.1 TITLE LECAIN, DAWN J 22 NAME 12180 DIVIDING OAKS TRAIL W 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL Calmi-ST ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition Titlef 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-7IP Oily SI DELETE Change ___ Addition HU 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COY-SE 76 4.4 CITY-ST-ZIP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST ZE DELETE Change Addition TIFLE 6.1 TITLE

6.2 NAME

6 3 STREET ADDRESS 64 CITY-ST-ZIP

NAME

STREET ADORESS

City-St-ZP

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.

FILED

May 06 1997 8:00am

Secretary of State

(96/6)