

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P94000024239 (3)

1. Corporation Name

H & G LANDSCAPING, INC.

Principal Place of Business

10521 CHEMSTRAND ROAD  
PENSACOLA FL 32514

Mailing Address

P O BOX 7484  
PENSACOLA FL 32534-0484



|                                                                          |                     |                     |                     |                                                                                                                                                              |  |                                       |  |
|--------------------------------------------------------------------------|---------------------|---------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business                                           |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>03/25/1994                                                                                                              |  | 3a. Date of Last Report<br>09/14/1995 |  |
| 21                                                                       | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>62-1562151                                                                                                                                  |  | Applied For<br>Not Applicable         |  |
| 22                                                                       | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    |  | \$8.75 Additional Fee Required        |  |
| 23                                                                       | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                           |  | \$5.00 May Be Added to Fees           |  |
| 24                                                                       | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |
| 9. Name and Address of Current Registered Agent                          |                     |                     |                     | 10. Name and Address of New Registered Agent                                                                                                                 |  |                                       |  |
| RICHBOURG, WILLIAM B<br>600 S BARRACK ST SUITE 105<br>PENSACOLA FL 32501 |                     |                     |                     | 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 of person designated as registered agent

(Title: Registered Agent Signature Required with every filing)

Date

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|-------------------------------------------------------|--|
| TITLE                      | PSTD                  | 1. TITLE                                              |  |
| NAME                       | GRAY, HERCULES JR     | 2. NAME                                               |  |
| STREET ADDRESS             | 10521 CHEMSTRAND ROAD | 3. STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | PENSACOLA FL 32514    | 4. CITY - ST - ZIP                                    |  |
| TITLE                      |                       | 5. TITLE                                              |  |
| NAME                       |                       | 6. NAME                                               |  |
| STREET ADDRESS             |                       | 7. STREET ADDRESS                                     |  |
| CITY - ST - ZIP            |                       | 8. CITY - ST - ZIP                                    |  |
| TITLE                      |                       | 9. TITLE                                              |  |
| NAME                       |                       | 10. NAME                                              |  |
| STREET ADDRESS             |                       | 11. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                       | 12. CITY - ST - ZIP                                   |  |
| TITLE                      |                       | 13. TITLE                                             |  |
| NAME                       |                       | 14. NAME                                              |  |
| STREET ADDRESS             |                       | 15. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                       | 16. CITY - ST - ZIP                                   |  |
| TITLE                      |                       | 17. TITLE                                             |  |
| NAME                       |                       | 18. NAME                                              |  |
| STREET ADDRESS             |                       | 19. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                       | 20. 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-476-9614

CR2E034 (12/95)