

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025672 (4)

1. Corporation Name

JOHN TAYLOR LANDSCAPE AND IRRIGATION, INC.

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business: **607 OMAHA ST.
SUITE C
PALM HARBOR FL 34683**

Mailing Address: **607 OMAHA ST.
SUITE C
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified 04/04/1994	3a. Date of Last Report
4. FEI Number 59-3231792	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. 199.03, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**TAYLOR, JOHN
607 OMAHA ST.
SUITE C
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of the terms of s. 199.01 and 199.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of registered agent in terms of the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and am a resident of the State of Florida.

SIGNATURE

(Signature of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	1. NAME	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	3. CITY & STATE	3. CITY & STATE	☐ Change ☐ Addition
NAME	4. NAME	4. NAME	☐ Change ☐ Addition
STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	6. CITY & STATE	6. CITY & STATE	☐ Change ☐ Addition
NAME	7. NAME	7. NAME	☐ Change ☐ Addition
STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	9. CITY & STATE	9. CITY & STATE	☐ Change ☐ Addition
NAME	10. NAME	10. NAME	☐ Change ☐ Addition
STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	12. CITY & STATE	12. CITY & STATE	☐ Change ☐ Addition
NAME	13. NAME	13. NAME	☐ Change ☐ Addition
STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE	15. CITY & STATE	15. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.01(2)(b), Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect and shall be made under oath. That I am an officer or director of the corporation, or the person or persons empowered to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 1, or Block 1A, of this report, or on an affidavit filed with an address.

SIGNATURE:

John Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR