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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000030940 (8)

1. Corporation Name

SOUTHWEST FLORIDA LANDSCAPE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1104 N. COLLIER BLVD. 1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937 MARCO ISLAND FL 33937

3. Date Incorporated or Qualified 3a. Date of Last Report
04/22/1994

2. Principal Place of Business 2a. Mailing Address
21 AS OPPOSITE 26 P.O. BOX 701

4. FEI Number Applied For
65-0484418 Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State 28 MARCO ISLAND FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 25 Country 29 33969 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREUSEL, JAMIE B
% BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937

81 Name PAUL WORSDALE
82 Street Address (P.O. Box Number is Not Acceptable)
1137 BREAKWATER COURT
83 MARCO ISLAND
84 City FL 85 Zip Code 33937

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

P. Worsdale

P WORSDALE PRESIDENT 5-5-95

Signature typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREUSEL, JAMIE B
STREET ADDRESS	% 1104 N. COLLIER BLVD.
CITY ST ZIP	MARCO ISLAND FL 33937
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	PAUL WORSDALE	
1.3 STREET ADDRESS	AS ABOVE	
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(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:

P. Worsdale PAUL WORSDALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95 (813) 642-4703
Date Expiration Date