FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 28 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000035702 (7)

1. Corporation Name

~~SMITH'S LANDSCAPING & NURSERY, INC.~~

Smith's Nursery & Landscaping, Inc.

Principal Place of Business
10543 DEAN STREET
BONITA SPRINGS FL 33923

Mailing Address
10543 DEAN STREET
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21 27725 Old 41 Rd.
22 Suite, Apt. #, etc. Suite #206
23 City & State Bonita Springs, FL
24 Zip 33923 25 Country USA

2a. Mailing Address
26 27725 Old 41 Rd.
27 Suite, Apt. #, etc. Suite #206
28 City & State Bonita Springs, FL
29 Zip 33923 30 Country USA

4. FEI Number 65-0477661 [ ] 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. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SMITH, LORI S
10543 DEAN STREET
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name Richard A. Smith
82 Street Address (P.O. Box Number is Not Acceptable) 27725 Old 41 Rd.
83 Suite #206
84 City Bonita Springs FL 85 Zip Code 33923

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] 6-20-95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D [X] Change [ ] Addition
NAME	SMITH, RICHARD A	1.2 NAME	RICHARD A. SMITH
STREET ADDRESS	10543 DEAN STREET	1.3 STREET ADDRESS	27725 Old 41 Rd #206
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	D	2.1 TITLE	[ ] Change [ ] Addition
NAME	SMITH, LORI S	2.2 NAME	
STREET ADDRESS	10543 DEAN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	TLS 6/28/95	6.4 CITY-ST-ZIP	

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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] RICHARD A. SMITH 5/10/95 (813) 947-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0323094 CP