FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIV OF CORPORATIONS
95 MAY -1 PM 2:08

DOCUMENT # P94000038195 (1)

1. Corporate Name
LANDSCAPES UNLIMITED LANDSCAPING & IRRIGATION, I NC.

Principal Place of Business
6341 SMALLWOOD ROAD
JACKSONVILLE FL 32216

Mailing Address
P.O. BOX 17051
JACKSONVILLE FL 32245-7051

Date of Work (by this DBA)

3. Date Incorporated or Qualified: 05/16/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-3250053 — Applied For / Not Applicable

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 27

5. Certificate of State Digest [ ] — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

Zip — 24 County — 25 Zip — 29 County — 30

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CHRISTMAS, RICHARD M
6341 SMALLWOOD ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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 Section 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.	13.
TITLE	TITLE P [ ] Change [✓] Addition
NAME	NAME CHRISTMAS RICHARD M.
STREET ADDRESS	STREET ADDRESS 6341 SMALLWOOD ROAD
CITY, ST, ZIP	CITY, ST, ZIP JACKSONVILLE, FL 32216
TITLE	TITLE D [ ] Change [ ] Addition
NAME	NAME McKEE, MICHAEL E.
STREET ADDRESS	STREET ADDRESS 140 ANNANDALE DR, W
CITY, ST, ZIP	CITY, ST, ZIP JACKSONVILLE, FL 32225
TITLE	TITLE [ ] Change [ ] Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
TITLE	TITLE [ ] Change [ ] Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
TITLE	TITLE [ ] Change [ ] Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
TITLE	TITLE [ ] Change [ ] Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and correct 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 above, or on an attachment with an asterisk.

SIGNATURE: RICHARD M. CHRISTMAS 4/25/95 904/7258435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0407424 FP