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

DOCUMENT # P94000043706 (8)

1. Corporation Name

NAPLES LANDSCAPE MAINTENANCE, INC.

Principal Place of Business	Mailing Address
630 ST ANDREWS BLVD NAPLES FL 33962	630 ST ANDREWS BLVD NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/03/1994	

2. Principal Place of Business	2a. Mailing Address
[21] 110 OCEAN REEF LANE	[26] 110 OCEAN REEF LANE
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23] NAPLES, FL.	City & State [28] NAPLES, FL.
Zip [24] 33951 / Country [25] U.S.A.	Zip [29] 33961 / Country [30] U.S.A.

4. FEI Number		Applied For
65-0500515		Not Applicable

5. Certificate of Status Desired	XX	$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 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLSON, CARL R 630 ST ANDREWS BLVD NAPLES FL 33962	[81] Name DAN A. McCASLIN [82] Street Address (P.O. Box Number is Not Acceptable) 110 OCEAN REEF LANE [83] NAPLES, FL. 33961 [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 _____ DAN A. McCASLIN 3-1-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: OLSON, CARL R STREET ADDRESS: 630 ST ANDREWS BLVD CITY ST ZIP: NAPLES FL 33962	11 TITLE: D/P/S/T 12 NAME: DAN A. McCASLIN 13 STREET ADDRESS: 110 OCEAN REEF LANE NAPLES FL 14 CITY ST ZIP: XXX 33961 ☑ Change ☐ Addition
TITLE: D NAME: OLSON, LINDA L STREET ADDRESS: 630 ST ANDREWS BLVD CITY ST ZIP: NAPLES FL 33962	21 TITLE: 22 NAME: 23 STREET ADDRESS: 24 CITY ST ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY ST ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY ST ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY ST ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY ST ZIP: ☐ Change ☐ Addition

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)(i), 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: DAN A. McCASLIN Pres   2-1-95   (813) 775-4123