

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000050626 (8)

1. Corporation Name

J. & A. LANDSCAPING, INC.

Principal Place of Business

**4783 WINDMILL ROAD
LOXAHATCHEE FL 33470**

Mailing Address

**4783 WINDMILL ROAD
LOXAHATCHEE FL 33470**

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

State, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

4. Fed Number

65-051184

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 initiated the interstate fee under S. 1100.022
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**OROPESA, JOSE C
4783 WINDMILL ROAD
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

(Agent) (Agent Name) (Registered Agent) (Print Name)

(Agent) (Agent Name) (Registered Agent) (Print Name)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
OROPESA, JOSE C
4783 WINDMILL
LOXAHATCHEE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
OROPESA, ADELA
4783 WINDMILL RD
LOXAHATCHEE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
OROPESA, ADELA
4783 WINDMILL RD
LOXAHATCHEE FL**

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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

14. I (we) hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 119.07(1)(a), Florida Statutes. I (we) certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Jose C. Oropesa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-95

791-0554