

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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  
07/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number  
65-0511184

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. 193.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

OROPESA, JOSE C  
4783 WINDMILL ROAD  
LOXAHATCHEE FL 33470

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 Sections 607.0502 and 607.1503, 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, typed or printed name of registered agent or director, if applicable

(NOTE: Registered Agent's signature is required when incorporated)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

OROPESA, JOSE C  
4783 WINDMILL  
LOXAHATCHEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

OROPESA, ADELA  
4783 WINDMILL RD  
LOXAHATCHEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

OROPESA, ADELA  
4783 WINDMILL RD  
LOXAHATCHEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13.

1. TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

2. TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

3. TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

4. TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

5. TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

6. TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

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-05/31/96--01019--023  
\*\*\*\$225.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/96

5/30/96

CR2E034 (12/95)