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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:55

DOCUMENT # **P94000056775 (7)**

1. Corporation Name
GREEN CARE LANDSCAPE COMPANY

Principal Place of Business
1069 SUMMIT TRL CIR, APT. D
W PALM BEACH FL 33415

Mailing Address
1069 SUMMIT TRL CIR. APT. D
W PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/29/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 18768 40th Run North
Suite, Apt. #, etc.
22
City & State
23 Loxahatchee, FL
Zip 24 33470 Country 25 US

2a. Mailing Address
26 Post Office Box 177
Suite, Apt. #, etc.
27
City & State
28 Lake Worth, FL
Zip 29 33460 Country 30 US

4. FEI Number: 65-0516950 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOPEZ, VIDALINA
1069 SUMMIT TRL CIR, APT. D
W PALM BEACH FL 33415

10. Name and Address of New Registered Agent

91 Name: Carlos M. Lopez
92 Street Address (P.O. Box Number is Not Acceptable): 1442 "E" Road
93
94 City: Loxahatchee **FL** 95 Zip Code: 33470

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] Carlos M. Lopez, Reg. Agent DATE: 3/20/95
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director	☒ Change ☐ Addition
NAME	LOPEZ, VIDALINA	12 NAME	Carlos M. Lopez	
STREET ADDRESS	1069 SUMMIT TRL CIR, APT. D	13 STREET ADDRESS	1442 "E" Road	
CITY-ST-ZIP	W PALM BEACH FL 33415	14 CITY ST ZIP	Loxahatchee, FL 33470	
TITLE		21 TITLE	President/Treasurer	☐ Change ☒ Addition
NAME		22 NAME	Israel M. Lopez, Jr.	
STREET ADDRESS		23 STREET ADDRESS	18768 40th Run North	
CITY-ST-ZIP		24 CITY ST ZIP	Loxahatchee, FL 33470	
TITLE		31 TITLE	Secretary	☒ Change ☐ Addition
NAME		32 NAME	Vidalina Lopez	
STREET ADDRESS		33 STREET ADDRESS	1069 Summit Trail Circle, Apt. D	
CITY ST ZIP		34 CITY ST ZIP	West Palm Beach, FL 33415	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 added by an attachment with an address.

SIGNATURE: [signature] Israel Lopez, Jr./Pres. 3/20/95 (407)798-9653
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Telephone Number

0263424 CP