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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000062365 (9)**

1. Corporation Name
GREAT OUTDOORS LANDSCAPING, INC.

Principal Place of Business	Mailing Address
3400 S TAMIAMI TRAIL C/O JEFFERSON F RIDDELL PA SARASOTA FL 34239	3400 S TAMIAMI TRAIL C/O JEFFERSON F RIDDELL PA SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 65-0516154 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$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) Country (25) | Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F
3400 S TAMIAMI TRAIL
SARASOTA FL 34239

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 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 _____ DATE
Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	DPT	☒ Change ☐ Addition
NAME	Jay T. Blackshear	12 NAME	Jay T. Blackshear	
STREET ADDRESS	P.O. Box 15774	13 STREET ADDRESS	3660 Sharondale	
CITY ST ZIP	Sarasota, FL 34277-1774	14 CITY ST ZIP	Sarasota, FL 34232	
TITLE	DVS	21 TITLE	DVS	☒ Change ☐ Addition
NAME	Thomas R. Blackshear, Jr.	22 NAME	Thomas R. Blackshear, Jr.	
STREET ADDRESS	P.O. Box 15774	23 STREET ADDRESS	3660 Sharondale	
CITY ST ZIP	Sarasota, FL 34277-1774	24 CITY ST ZIP	Sarasota, FL 34232	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	400001488044	
STREET ADDRESS		43 STREET ADDRESS	-05/16/95--01010--018	
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00	
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	5-1-95 F.S.	

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 and 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: X Jay T. Blackshear 4/17/95 359-4241
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344348 CP