## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400068917 (1)

J. SHELHAMER LANDSCAPE, INC.

Principal Place of Business 6075 188TH TR N LOXAHATACHEE FL 33470		Mailing Address 8075 188TH TR N LOXAHATACHEE FL 33470-2118			
		_		3. Date incorporated or Qualified 09/16/1994	3a. Date of Last Report 06/12/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number 65-0521305	Applied For Not Applicable
Suite, Ap	t #, etc	Suite, Apt. #, etc.	**************************************	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip	Country 25	Zip 30	Country		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	pistered Agent
PEYKOFF, TED 640 E OCEAN AVE BOYNTON BEACH FL 33435			81 Name JOHN D. AHO 82 Street Address (P.O. Box Number is Not Acceptable)		
			83 #	V , V , V , V , V , V , V , V , V , V ,	
			84 City BO	ynter Bach	FL 85 39435
11. Pursuan office or agent I	r registered agent, or both, in the State arri familiar with, and accept the oblic	02 and 607.1508, Florida Statutes, e of Florida. Such change was auth pations of Section 607.0505, Florid	the above-named corp norized by the corporat a Statutes.	poration submits this statement for the pu tion's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
Sicilaryone	Signature typed or printed name of registered ag	gent and title if applicable (NOTE: B	egistered Agent signature requir	red when reinstating)	DATE
12.	// OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
THE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SHELHAMER, JAMES		1.2 NAME		
STREET ADDRESS 6075 188TH TR N		1.3 STREET ADDRESS			
CITY-\$1-719	LOXAHATACHEE FL 33470		1.4 CITY+ST-ZIP	·	
11115		DELETE	21 DDF		Change Addition

2.2 NAME 2.3 STREET ADDRESS

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5,1 TITLE

5.2 NAME

6.1 7

DELETE

DELETE

DELETE

DELETE

2.4 CITY-ST-ZIP

**3 3 STREET ADDRESS** 

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

Y-ST-ZIP

EET ADDRESS

3 4. CITY - ST - ZIP

14. I do hereby centry that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on all attachment with an address.

xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that scule this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

NAMÉ

TITLE

NAME

THEF

NAME

THILE

NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-SI-ZIP

CITY-S1-7:P

CITY - ST - ZIP

SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIS

Bhelhamer

4-27-97 561885616

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May 05 1997 8:00am

Secretary of State

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