

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATION'S

APPROVED
AND
FILED

MAY - 1 PM 3:25

DOCUMENT # P94000076123 (6)

1. Corporation Name:

BLANTON'S TREE & LANDSCAPE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address		
304 BLACKBURN RD NOKOMIS FL 34275	304 BLACKBURN RD NOKOMIS FL 34275		
2. Principal Place of Business	2a. Mailing Address		
21 Building Apt. # 600	26	State: Apt. # 600	
22 City, State	27		
23	28		
24	25	26	27
9. Name and Address of Current Registered Agent			
BOONE, STEPHEN K 1001 AVENIDA DEL CIRCO VENICE FL 34285			

(Do Not Write In This Space)

3. Date Filed/Last Quarterly	3a. Date of Last Report
10/13/1994	
4. FEI Number	Applied For
45-0529619	<input type="checkbox"/> Not Applicable
5. Consideration Status Desired	\$8.75 Additional Fee Required
6. Election/Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has liability for unexpired tax under s. 199.07(2) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number), Not Acceptable	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.07(2) and 617.17(2b), 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, Chapter 617, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
NAME STREET ADDRESS CITY, ST, ZIP	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP BLANTON, LARRY C SR 304 BLACKBURN RD NOKOMIS FL 34275	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DST BLANTON, KAREN A 304 BLACKBURN RD NOKOMIS FL 34275	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV BLANTON, LARRY C JR 4052 KATHRYN ST SARASOTA FL 34236	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BLANTON, PERCY P 4765 N ARROW PT HERNANDO FL 32642	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BLANTON, LARUE 4765 N ARROW PT HERNANDO FL 32642	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	25. NAME 26. NAME 27. STREET ADDRESS 28. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare/ certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature that have the same legal effect as if made under oath that I am an officer or director of this corporation or the owner or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my title appears in Block 1, or Block 1-1, if so typed, or on an attachment with an address.

SIGNATURE: Karen A. Blanton - Karen A. Blanton 4-30-95 813-493-4912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR