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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

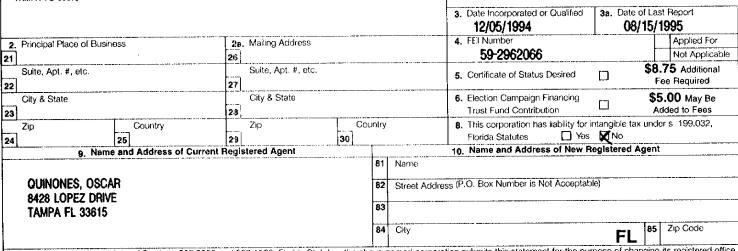
DOCUMENT # P94000087948 (3) 1. Corporation Name

DOO O EVIDOOM E & MUNICIPATOR INC	DOC'S	LANDSCAPE	& MAINTENANCE,	INC.
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Principal Place of Business

Mailing Address

8428 LOPEZ DRIVE TAMPA FL 33615 8428 LOPEZ DRIVE TAMPA FL 33615



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. Thereby 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 and title if application. (NOTE: Projectined Agent signature required when reinstalling) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P DELETE	1. 1 TITLE	☐ Change ☐ Addition			
NAME	QUININES, OSCAR	1.2 NAME				
STREET ADDRESS	8428 LOPEZ DRIVE	1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP				
TITLE	DELETE	2 1 TITLE	Change Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY - ST - ZIP		2 4 CITY - ST - ZIP				
THTLE	☐ DELETE	3 1 TITLE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3. STREET ADDRESS				
CITY - ST- ZIP		3.4 CHY-ST-ZIP				
TITLE	DELETE	4. 1 TITLE	Change Addition			
NAME		4.2 NAME				
STREET AUDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 C·TY - ST- ZIP	Prop. a sur-			
TITLE	DELETE	5 1 TITLE	Change Addition			
NAME		5 2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CHTY-ST-ZIP		5 4 CITY-ST-ZIP				
TITLE	☐ DELETE	6 1 TITLE	Change Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		64 CITY - ST - ZIP	Out and On College State Change Change I feether			

14. Ido 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 is supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the exporation 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 Tempsed, or on an adactiment with an address.

SIGNATURE:X

SIGNATURE AND THE OF PRINTED NAME OF SIGNING FEVER OR DIRECTOR

4-28-96

(813) 886-2142

Daytime Phone

CR2E034 (12/95)