

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000008201 (2)

1. Corporation Name

FLORIDA SCAPES, INC.



Principal Place of Business

**3850 J.W. HOLLINGTON RD.
FREEPORT FL 32439**

Mailing Address

**P.O. BOX 716
FREEPORT FL 32439**

3. Date Incorporated or Qualified

01/26/1995

3a. Date of Last Report

01/26/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARSEN, RICHARD A
1601 OAKMONT CIRCLE
NICEVILLE FL 32578**

> Change address - - - - -

81

Name

Larsen, Richard A.

82

Street Address (P.O. Box Number is Not Acceptable)

162 Chat Holley Rd.

83

84

City

Santa Rosa Beach

FL

85 Zip Code

32459

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

Richard A. LARSEN

Richard A. Larsen

4/29/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
LARSEN, RICHARD A
1601 OAKMONT CIRCLE
NICEVILLE FL 32578**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**P
Richard A. Larsen
162 Chat Holley Rd.
Santa Rosa Bch., FL 32459**

2.1 TITLE ☐ Change ☒ Addition

**V. / S.
Debra A. Larsen
162 Chat Holley Rd.
Santa Rosa Bch., FL 32459**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 on an attachment with an address.

SIGNATURE:

Debra A. Larsen **Debra A. Larsen**

4/29/96 (904) 835-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)