

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000013328 (6)**

1. Corporation Name

PITTMANS FATHER & SON LAWCARE/LANDSCAPE, INC.



Principal Place of Business

Mailing Address

1063 CIRCLE LANE
GULF BREEZE FL 32561

1063 CIRCLE LANE
GULF BREEZE FL 32561

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

P.O. BOX 342

Gulf Breeze, Fla

32562

Santa Rosa

4. FEI Number

59-3298722

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PITTMAN, BERT G SR.
1063 CIRCLE LANE
GULF BREEZE FL 32561

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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

Bert G. Pittman Sr

Signature, typed or printed name of registered agent and title if applicable

Bert G. Pittman Sr

(NOTE: Registered Agent signature required when reinstating)

22 Feb 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BERT G. PITTMAN SR	
3. STREET ADDRESS	1063 CIRCLE LANE	
4. CITY - ST - ZIP	GULF BREEZE, FL 32561	
2. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BERT G. PITTMAN III	
3. STREET ADDRESS	3751 MARTIN ST.	
4. CITY - ST - ZIP	PAGE, FL 32571	
3. TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	BERT G. PITTMAN III	
3. STREET ADDRESS	3751 MARTIN ST.	
4. CITY - ST - ZIP	PAGE, FL 32571	
4. TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	BERT G. PITTMAN SR	
4.3 STREET ADDRESS	1063 CIRCLE LANE	
4.4 CITY - ST - ZIP	GULF BREEZE, FL 32561	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bert G. Pittman Sr* BERT G. PITTMAN SR 22 Feb 96 932-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)