r PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR 97 HAY -1 AM 8: 18 <u>1997 ANNUAL REPOR</u> DOCUMENT # P95000014705 SECRETARY OF STATE TALLAHASSEE FLORIDA 1. Corporation Name HUGHES LANDSCAPE DESIGN, INC. 8345 Dillman Road West Palm Beach, 33411 FLPrincipal Place of Business Mailing Address Do NOT WRITE IN THIS SPACE

Date Incorporated or Qualified Last Report 8/28/96
To Do Business in Florida If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Stahl & Associates PA 8345 Dillman Road 2/21/95 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 138 North Swinton Ave Applied For 65-0740365 City & State City & State Not Applicable West Palm Beach, FL Delray Beach \$8.7h. Additional Fee required Zip 33444 Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status Palm Bch 33411 Palm Bch 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) 8345 Dillman Road West Palm Beach, FL D David Scott Hughes 33411 P/S/I 002173175---05/09/97--01084--026 来来来来 [15] [1] 米米米米 [15] [1] 9. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent Name David Scott Hughes Street Address (P.O. Box Number is Not Acceptable) 8345 Dillman Road Suite, Apt. #, Etc. State | Zip Code 33411 West Palm Beach 10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent 4-16-97 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for Information Dept. of Revenue under S. 199.032, Florida Statutes. Yes 🔯 on intangible tax.) 12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I
certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling
this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and prefet
fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as a made
under oath. 561-312-8441

4-16-97

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OR DIRECTOR