

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 # P95000017174 (0)

1. Corporation Name

GORDON HAMM LANDSCAPE DESIGN & WATERFALLS INC.

FILED
95 MAY -1 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3125 ALBATROSS RD.
DELRAY BEACH FL 33444

Mailing Address

3125 ALBATROSS RD.
DELRAY BEACH FL 33444

2. Principal Place of Business

21 5647 Sims Rd

Suite, Apt. #, etc.

22

City & State

23 Delray Beach FL

Zip

24 33484

Country

25 Palm Beach

2a. Mailing Address

26 5647 Sims Rd

Suite, Apt. #, etc.

27

City & State

28 Delray Beach FL

Zip

29 33484

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

Name change
CUTSAIL, SHERRY
3125 ALBATROSS RD.
DELRAY BEACH FL 33444

Notnagle, Sherry
5647 Sims Rd
Delray Beach FL 33484

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, Section 607.0505, Florida Statutes.

SIGNATURE

Sherry Notnagle

Sherry Notnagle

DATE

12. President OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY-STATE-ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY-STATE-ZIP

Address change

Name change
Address change

4/24/96 94357 031
\$200.00

Dep. b. bank

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:

Sherry Notnagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

407 495 9250

CR2E034 (12/95)