

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000025654 (1)

1. Corporation Name
51 LANDSCAPING, INC.



Principal Place of Business Mailing Address
4510 APPLETON AVE. JACKSONVILLE FL 32210

2. Principal Place of Business 2a. Mailing Address
21 4554 ST. JOHNS AVE 26 4554 ST. JOHNS AVE
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 JACKSONVILLE, FL 28 JACKSONVILLE, FL
24 32210 25 USA 29 32210 30 USA

3. Date Incorporated or Qualified 04/01/1995 3a. Date of Last Report SAME
4. FEI Number 59-3304618 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

DILLINGHAM, PHILLIP I
4655 SALISBURY ROAD
SUITE 390
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1306, 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

Signature of Registered Agent or Director (Print Name and Title) _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PATRANCOSTA, MARK <input type="checkbox"/> DELETE	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4510 APPLETON AVE.	2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32210	3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	D GAINES, RICHARD K III <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4510 APPLETON AVE.	22 NAME	
STREET ADDRESS	JACKSONVILLE FL 32210	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(c), 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: *Mark Petrancosta* MARK PETRANCOSTA 4/30/96 (904) 388-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)