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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000036012 (9) DOCUMENT # 1. Corporation Name

HBS LANDSCAPE AND IRRIGATION, INC.

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 MAY 10 PM 2: 08



Principal Place of Business Mailing Address							Bill Boll Boll	U UFFAU DIFAI U	JAHAN KROND NUDU NOBR
	EBRANT DR JILLE FL 32225		1013 CELEBRANT DR JACKSONVILLE FL 32225						
						3. Date Incorporated or Qualified 05/03/1995	3a. Date	of Last Ri	eport
2. Principal Pla	ice of Business	2a. Mailing A	ddress			4. FEI Number			Applied For
21	****** P1 P1 **************************	26				59-33137	0'1		Not Applicable
Suite, Apt. #	I, etc.	— h	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & State			City & State			6. Election Campaign Financing			O May Be
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country Zip C		Country		8. This corporation has liability for intangible tax under s. 199 032.			199 032,	
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Age	ent		1	10. Name and Address of New R	egistered	Agent	
				81	Name				
	KLAND, HORACE B			82	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
	Celebrant Dr Sonville FL 32225			83					<u>Cuat (a</u>
UNCIN	SOMVILLE FL 32223					05/17.	<u> </u>		nin
				84	City	*************************************	eSi ri	1 85 Z	2500
or registere familiar with SIGNATURE	othe provisions of Sections 607-05 ed agent, or both, in the State of Flo in, and accept the obligations of, Sc Sejective, tiped or probabilists of regions and	ruda: Stich change v iction 607.0805: Floir	vas authorized by t ida Statutes	the corp	named Corpora icration's boan it squarze regime.	ation submits this statement for the pur o of directors. Thereby accept the appo	pose of cha pintment as	anging its r registered	egistered office agent. Lan
12.		NO DIRECTORS		13.	it signed is executives.	ADDITIONS/CHANGES TO OFF		DIRECTO	BS IN 12
TITLE	Р		DELETE	1 1 Tille				Change	Addition
NAME	STRICKLAND, HORACE	В		1.2 NAME					
STREET ADDRESS	1013 CELEBRANT DR			13 SPRE1	ADDRESS				
CHY-SI-ZIP	JACKSONVILLE FL 3222	5	1.4 CHTY - ST ZIP						ļ
TITLE			DELETE	2 1 TITLE			[Change	Addition:
NAME				2.2 NAME]
STREET ADDRESS			;	2 3 STREET	FADDRESS				
Cily-ST ZiP			· A · · A · · A · · · · · · · · · · · ·	24 CHY S	ST ZIP				
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NAME				3.2 NAME					
STREET ADDRESS				3.3 STHEE	I ADDRESS				
CiTY-ST-ZiP				3.4 C(TY - 9	51 - ZIP			-	
TITLE		L		4 1 TITLE			[Change	Addition
NAME				4.2 NAME					
STREET ADDRESS					ADORESS				
CITY-ST-ZIP				4 4 C+1Y - S	51 - ZiP			7 (
TITLE		L		5 1 Table			ι	Change	☐ Add tion
NAME Closs & Appropries				5 2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE &			0.5. 63.0	5.4 C(TY - S	51 - ZiP		r	Change	F) Addison
NAME		ليا		6 1 TITLE			L	Change	Addition
1 #				6.2 NAME e a experi	L MODOCCC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				6.4 CrTY - 9	51 - ZP				ł

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 coriporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 in changed, dirich an attachment with an address.

SIGNATURE: WORACE & Sheebland SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

5-6-96 Date 904-031-5741