


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

| | | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P95000040242 (6) 1. Corporation Name FUTCH'S LANDSCAPING, INC. | | |



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| Principal Place of Business 546 PENIEL ROAD RT. 4 BOX 1392 PALATKA FL 32177 | Mailing Address 546 PENIEL ROAD RT. 4 BOX 1392 PALATKA FL 32177-9372 |
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business 21 244 SILVER LAKE RD Suite, Apt. #, etc. 22 City & State 23 PALATKA, FL Zip Country 24 32177 25 USA | | 2a. Mailing Address 26 P.O. BOX 725 Suite, Apt. #, etc. 27 City & State 28 PALATKA, FL Zip Country 29 32178 30 USA | | 3. Date Incorporated or Qualified 05/19/1995 | 3a. Date of Last Report 05/01/1996 |
| | | 4. FEI Number 59-3318812 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent FUTCH, DARYLL W 546 PENIEL ROAD RT. 4 BOX 1392 PALATKA FL 32177 | | | | 10. Name and Address of New Registered Agent 81 Name FUTCH, DARYLL W 82 Street Address (P.O. Box Number is Not Acceptable) 244 SILVER LAKE ROAD 83 84 City PALATKA 85 Zip Code FL 32177 | | | |
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|-------------------------|---------------------------------|--|-------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FUTCH, DARYLL W | | | 1.2 NAME | FUTCH, DARYLL W | | |
| STREET ADDRESS | 546 PENIEL ROAD | | | 1.3 STREET ADDRESS | 244 SILVER LAKE ROAD | | |
| CITY - ST - ZIP | PALATKA FL 32177 | | | 1.4 CITY - ST - ZIP | PALATKA, FL 32177 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | V | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RABURN, KIM F | | | 2.2 NAME | | | |
| STREET ADDRESS | RT. 4 BOX 312 | | | 2.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | PALATKA FL 32177 | | | 2.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 3.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 6.4 CITY - ST - ZIP | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)