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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051581 (3)

1. Corporation Name

HUDSON LANDSCAPE & IRRIGATION, INC.



Principal Place of Business

3106 MAGDALENE FOREST COURT
TAMPA FL 33618

Mailing Address

POST OFFICE BOX 272746
TAMPA FL 33688

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

9. Name and Address of Current Registered Agent

HUDSON, DAWN S
3106 MAGDALENE FOREST COURT
TAMPA FL 33618

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

Signature, typed or printed name of registered agent (if title is applicable)

(NOTE: Registered Agent Signature required when removing agent)

(Date)

12.

OFFICERS AND DIRECTORS

TITLE

D

HUDSON, JOSEPH P

☐ DELETE

NAME

3106 MAGDALENE FOREST COURT
TAMPA FL 33618

STREET ADDRESS

CITY- ST- ZIP

TITLE

D

HUDSON, DAWN S

☐ DELETE

NAME

3106 MAGDALENE FOREST COURT
TAMPA FL 33618

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

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 319.07(3)(g), 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 (12/95)