FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1996 P95000064089 (2) **DOCUMENT #**  Corporation Name HANLEY LANDSCAPE MAINTENANCE, INC. Mailing Address Principal Place of Business 3274 "D" ROAD 3274 "D" ROAD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 3. Date Incorporated or Qualified 3a. Date of Last Report 08/18/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 \$8.75 Additional Suite, Apl. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 22 \$5.00 May Be Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 MEROLA, JAMES R 11380 PROSPERITY FARMS ROAD 83 SUITE 204 PALM BEACH GARDENS FL 33410 Zip Code 85 84 City 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. (NCTE: Registered Agent signature required when reinstaling) CR2E034 (12/95) Signature, typed or print or ame of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. [] Addition DELETE 1. 1 TITLE TITLE 1.2 NAME HANLEY, MICHAEL W NAME 1.3 STREET ADDRESS 3274 "D" ROAD STREET ADDRESS 1.4 CITY - ST-ZIP LOXAHATCHEE FL 33470 DITY-ST-ZIP Change ☐ Addition DELE 1 2 1 TITLE TITLE 2.2 NAME SHAIN, DON NAME 3274 "D" ROAD 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIF Change Addition [] DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Addition [] DELETE 4 1 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7:P CITY-S1-ZIP Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-21P Change Addition DELF1E 6. 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C(TY - \$1 - 7)P

appears in Block 12 or Block DON SHAIN V. P. 5-6-96 407-793-9269 SIGNATURE:

14. Ido 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 13 or Block 13 is chaptered, as contracting the provided of the corporation of the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

if changed, or organ, attachment with an address.