

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000080214 (6)**

1. Corporation Name

**LIVING COLOR LANDSCAPING, INC.**



Principal Place of Business

**3691 GRIFFIN ROAD  
FT. LAUDERDALE FL 33312**

Mailing Address

**3691 GRIFFIN ROAD  
FT. LAUDERDALE FL 33312**

3. Date Incorporated or Qualified  
**10/18/1995**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

**65-0629208**

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

**HAUSMAN, HARRY M  
235 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

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 of registered agent or new registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

12 NAME  
**HERNDON, MARK B**  
13 STREET ADDRESS  
**3691 GRIFFIN RD.**  
14 CITY - ST - ZIP  
**FT. LAUDERDALE FL 33312**

15 TITLE ☐ DELETE

16 NAME  
**HERNDON, KIM L**  
17 STREET ADDRESS  
**3691 GRIFFIN RD.**  
18 CITY - ST - ZIP  
**FT. LAUDERDALE FL 33312**

19 TITLE ☐ DELETE

20 NAME  
**HERNDON, MARIA**  
21 STREET ADDRESS  
**3691 GRIFFIN RD.**  
22 CITY - ST - ZIP  
**FT. LAUDERDALE FL 33312**

23 TITLE ☐ DELETE

24 NAME  
**HERNDON, MARIA**  
25 STREET ADDRESS  
**3691 GRIFFIN RD.**  
26 CITY - ST - ZIP  
**FT. LAUDERDALE FL 33312**

27 TITLE ☐ DELETE

28 NAME  
**HERNDON, MARIA**  
29 STREET ADDRESS  
**3691 GRIFFIN RD.**  
30 CITY - ST - ZIP  
**FT. LAUDERDALE FL 33312**

31 TITLE ☐ DELETE

32 NAME  
**HERNDON, MARIA**  
33 STREET ADDRESS  
**3691 GRIFFIN RD.**  
34 CITY - ST - ZIP  
**FT. LAUDERDALE FL 33312**

35 TITLE ☐ DELETE

36 NAME  
**HERNDON, MARIA**  
37 STREET ADDRESS  
**3691 GRIFFIN RD.**  
38 CITY - ST - ZIP  
**FT. LAUDERDALE FL 33312**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 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)(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 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:

*Maria Herndon*

**MARIA HERNDON**

**1/30/96**

**(305) 587-2087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)