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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT Sandra B. Mortha

STATE

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

SIGNATURE:

P95000090038 (7)

RANG	GELEY LANDSCAPING N	IANAGEMENT, INC.			
Principal Place	of Business	Mailing Address		F CERTADAL CAN COLOR BALLA MALLA MALLA CANA	ni aanna isiin aanni aansaa inna 1854 1983
626 NW 87TH LANE 626 NW 87TH LAI CORAL SPRINGS FL 33071 CORAL SPRINGS					
				3. Date Incorporated or Qualified 3a. 11/22/1995	Date of Last Report
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
		26		65-0624660	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 Oity & State		City & State		6. Election Campaign Financing	Fee Required
3		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipi	Country	Ζφ	Country	8. This corporation has liability for intang	
4	25	29	[30]	Florida Statutes 🔀 Yes 🔲 t	No
	Name and Address of Cu	rrent Hegistered Agent	81 Name	10. Name and Address of New Regist	ered Agent
DAVED	R, SCOTT		81 Name		
	N 87TH LANE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33071			83		· · · · · · · · · · · · · · · · · · ·
55,0,4	. o. / (o o) 2 o o o / 1				
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above named corp	oration submits this statement for the purpose	
	od agent, or both, in the State of F In and accept the obligations of, S			oration submits this statement for the purpose i lard of directors. I hereby accept the appointme	ent as registered agent. I am
SIGNATURE	, ,		-		
	algrative i typedior protect name of registeres a		OTE: Registered Agent signature requi	red when reinstating) Di	ATE
I2. ∷ "⊺	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
-TLF (AM)	President	☐ DELETE	1. 1 TITLE		Change Addition
URELL ADDRESS	Scott Baker		1.2 NAME		
SIY SI-ZIF	626 NW 87th I	ane	1.3 STREET ADDRESS		
(file	Coral SPrings		1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
iami.		, 0001	2 2 NAME		☐ cuande ☐ vocition
JELL: ADDRESS			2 3 STREET ADDRESS		
01Y 51-21F			24 CITY - ST - ZIP		
II,f		DELETE	3 1 TITLE		☐ Change ☐ Addition
IAM:			3.2 N/ME		
TREE! ACORESS			3.3 SIREFT ADDRESS		
oty st zin			3 4 C Y · ST - ZIP		
TRE		☐ DEL FTE	4.1. ILE	300001739	Change Addition
MAME STAND LARGERGE			4.2 ME	300001739 -03/12/9601070-	·-028
STREET ADDRESS			4.3 EET ADDRESS	***200.00	·-
71Y S1-ZF		DELFIE	5 1 LE		D Channe D 440
IAME		L.J Merrit	52 ME		Change Addition
THEE ADDRESS			53 S REET ADDRESS		
ICY+S*+71-2			5 4 CITY-ST-ZIP		
:111		DELETE	6 1 TITLE		☐ Change ☐ Addition
AM.			6 2 NAM€		
JREEF ADDRESS			6 3 STREET ADDRESS		
rry st zie			6.4 CITY - \$1 - ZIP		
oath; thut I	INC INCIDITIALION INCIDENCALED ON TOIS A	rinual report or supplemental and opporation or the receiver or trusts	nual report is true and accur se empowered to execute the	for the exemption stated in Section 119.07(3)(k ate and that my signature shall have the same I as report as required by Chapter 607, Florida S	l(-46