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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of€tate:

DIVISION OF CORPORATIONS

1996

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DOCUMENT # P95000097416 (8)

NATURAL C	DESIGNS LANDSCAPING	OF SARASOTA INC	C.		
Principal Place of Bu	isiness	Mahing Address			4 I Politadi (No 1940) diviti davit odini dokti datit tëdit tëdit i ditat tinga stit todi
1810 CLEMENT# RI LUTZ FL 33549	D	1810 CLEMENT PRO LUTZ FL 33549			
		- -		,,	3. Date incorporated or Qualified 3a. Date of Last Report 12/20/1995
2. Principal Place of	Business	2a. Mailing Address			4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing
23		28			Trust Fund Contribution Added to Fees
Ζφ	Gountry	Zip	Country	Y	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yos ☐ No
24	25 Name and Address of Current	29 Registered Agent	30		10. Name and Address of New Registered Agent
	(tallie and Address of Content	Tiografia Agent	B1	Name	
RHODES, JAI	MEG I		82	Stroot	Address (P.O. Box Number is Not Acceptable)
1810 CLEME			04	Street	Address (F.O. DOX Number is Not Acceptainty
LUTZ FL 335			83	1	
4 .			84	City	85 Zip Code
				1	corporation submits this statement for the purpose of changing its registered office
familias with, an SIGNATURE Syna-	id accept the obligations of, Sections because the obligations of sections of the section of the	on 607,0505. Florida Statute	98 1016 - Royadoral Ay		s board of directors. I hereby accept the appointment as registered agent. I am Special contents to the second of
12.	OFFICERS AND	DELETE	13.		MICHAEL R. PETRESICY Change DAddition
TITLE NAME			1.2 NAME		LIDDIES IN HUTT
STREET ADDRESS			1.3 S16()	T ADORESS	1810 CLEMENT ROAD
CITY - ST - ZIP			14007	ST-ZIF	LUTZ, FL 33549
THILE		□ DELETE	2.1 1111.6		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	LADDRESS	,
CITY - ST - ZIP		[] DELFTE	24 CiTY-		Change Addition
TITLE		נ טבניונ	3 1 T TUB 3 2 NAME		,
NAME STREET ADDRESS			B	et address	
CHTY - ST - ZIP			3.4 CHY		
TITLE		☐ DELETE	4 1 11/1		Change Addition
NAME			4.2 NAMI		
STREET ADDRESS			4 3 \$188	ELADORESS	
CITY - ST - ZIP			4.4 City	-ST-ZIF	-05/21/96011520[3Change Addition
TITLE		☐ DELETE	5 1111		-U5/21/96U1152D[3Change
NAME			S 2 NAM		***200.00
STREET ADDRESS				ET ADERESS	
C:TY - ST - Z:P		☐ DECETE	5.4 CITY 6.1 TUL		Change Addition
TITLE		[] pertit	6.2 NAM		a/
NAME			1	: ET AQUBESS)
STREET ADDRESS CITY-ST-ZIP			6 4 Cify		b
14. Udo hereby cer	rtify that the information supplied	with this filing is voluntarily fu	rnished and do	es not au	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further

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)(h). Florida Statutes: I furner 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 Onapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an abdress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DINICIO

4-26-96 (R3)9484933

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