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FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000027660 (5)

1. Corporation Name

DR. GREEN THUMB LANDSCAPES ARCHITECTS, INC.



Principal Place of Business
3146 NEW YORK ST.
COCONUT GROVE FL 33133

Mailing Address
3146 NEW YORK ST.
COCONUT GROVE FL 33133-4328

3. Date Incorporated or Qualified
03/25/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21. 1750 N.W. 188 Terr.

Suite, Apt. #, etc.

22. Miami, FL

City & State

23. Miami, FL

City & State

24. 33056

Country

25. USA

2a. Mailing Address

26. 1750 N.W. 188 Terr.

Suite, Apt. #, etc.

27. Miami, FL

City & State

28. Miami, FL

City & State

29. 33056

Country

30. USA

4. FEI Number

65-0667813

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

HEDMAN, MARK
1820 N.W. 187TH TERRACE
MIAMI FL 33056

10. Name and Address of New Registered Agent

81. Name Falcon G. Major II

82. Street Address (P.O. Box Number is Not Acceptable)

1750 N.W. 188 Terr.

83.

84. City

Miami

FL

85. Zip Code

33056

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

Falcon G. Major II Vice President Treasurer

4-12-97

Signature typed or printed below of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HEDMAN, MARK
STREET ADDRESS 1820 N.W. 187TH TERR.
CITY- ST- ZIP MIAMI FL 33056

TITLE D ☐ DELETE
NAME GRORGES, ROBERT
STREET ADDRESS 3146 NEW YORK ST.
CITY- ST- ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE
NAME MAJOR, FALCON G
STREET ADDRESS 1750 N.W. 188TH ST.
CITY- ST- ZIP MIAMI FL 33056

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

31. TITLE ☒ Change ☐ Addition
32. NAME Major, Falcon G.
33. STREET ADDRESS 1750 N.W. 188 Terr.
34. CITY- ST- ZIP Miami, FL 33056

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Falcon G. Major II 4-12-97 (305)947-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)