

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000048910 (9)**  
 1. Corporation Name  
**QUALITY SPRINKLER SERVICES AND LANDSCAPING, INC.**



Principal Place of Business <b>14225 101ST STREET</b> <b>FELLSMERE FL 32948</b> <b>640 Old Dixie Hwy</b> <b>Vero Beach FL 32960</b>	Mailing Address <b>P.O. BOX 1414</b> <b>VERO BEACH FL 32961-1414</b>
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<b>2. Principal Place of Business:</b> <b>21 640 Old Dixie Hwy</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Vero Beach FL</b> Zip Country <b>24 32960 25 USA</b>	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29 30</b>	<b>3. Date Incorporated or Qualified</b> <b>06/05/1996</b>	<b>3a. Date of Last Report</b>
<b>4. FEI Number</b> <b>65-0683344</b>		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>PETERSON, VALARIE</b> <b>14225 101ST STREET</b> <b>FELLSMERE FL 32948</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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**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 authorized to accept the obligations of, Section 607.0505, Florida Statutes.**

SIGNATURE *J. Peterson* *V. Peterson, General Partner* DATE **4/8/97**

(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Valarie Peterson
STREET ADDRESS		13 STREET ADDRESS	640 Old Dixie Hwy
CITY-ST-ZIP		14 CITY-ST-ZIP	Vero Beach FL 32960
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Luther Peterson, Sr.
STREET ADDRESS		23 STREET ADDRESS	640 Old Dixie Hwy
CITY-ST-ZIP		24 CITY-ST-ZIP	Vero Beach FL 32960
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: *J. Peterson* *V. Peterson* DATE **4/8/97** DAYTIME PHONE # **561-778-9388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)