

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **P96000051389**

1. Corporation Name

**Greenscape, Inc.**

FILED

97 MAY 27 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1180 Pondella Road  
North Fort Myers, Florida 33903**

3. Date Incorporated or Qualified  
**6-17-96**

3a. Date of Last Report

2. Principal Place of Business  
21 **1180 Pondella Road**

2a. Mailing Address  
26 **same**

4. FEI Number  
**65-0673298**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State  
23 **North Fort Myers, FL**

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**33903**

25 Country  
**Lee**

29 Zip  
**33903**

30 Country  
**Lee**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Donald E. Clemence  
1180 Pondella Road  
North Fort Myers, Florida 33903**

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 **Don Clemence V Pres**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when terminating)

DATE **5-18-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** ☐ DELETE  
NAME **Mary Lou D. Higgins**  
STREET ADDRESS **1180 Pondella Road**  
CITY-ST-ZIP **North Fort Myers, Florida 33903**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V-President** ☐ DELETE  
NAME **Donald E. Clemence**  
STREET ADDRESS **1180 Pondella Road**  
CITY-ST-ZIP **North Fort Myers, Florida 33903**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**100002203471  
-06/05/97--01121--023  
\*\*\*165.00**

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: **Donald E. Clemence Don Clemence**

**5-28-97 97-772-3286**

CR2E034 (9/96)