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PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P96000102888 (0)

BERNER'S LANDSCAPE AND TRACTOR SERVICES, INC.

Principal Place of Business Mailing Address 1500 JACOBS ROAD 1500 JACOBS ROAD DELAND FL 32724 DELAND FL 32724-2616 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1996 New 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes 🔀 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERNER, RONALD L 1500 JACOBS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32724** 83 84 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 Signature, typed or printed name of registered agent and tine if applicable (NOTE: Registered Agenil signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 1000 BERNER, RONALD L NAME 1.2 NAME 1500 JACOBS ROAD STREET ADDRESS 1.3 STREET ADDRESS **DELAND FL 32724** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition BERNER, K D 2.2 NAME 1500 JACOBS ROAD STREET ADDRESS 2.3 STREET ADDRESS **DELAND FL 32724** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.110716 NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELF1E TITLE 5.1111116 Change ___ Addition NAME **5.2 NAME** STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME **6.2 NAME** STREET ADDRESS **6.3 STREET ADDRESS**

6.4 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 eath; 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.

RULLIDE