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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # S2

(1)

ANDERSON LANDSCAPING AND MAINTENANCE, INC.					
Principal Place of Business Mailing Address  3907 GREENVIEW PINES CT 3907 GREENVIEW PINES ORLANDO FL 32817 ORLANDO FL 32817			NES CY	,	
US		U\$		3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 04/19/1995
2. Principal Plai	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-3041729	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
4	9. Name and Address of Current		301	10. Name and Address of New	
	9. Name and Address of Current	Tiegistered Agent	81 Name		
AMPERO	ON CTEDUEN				1 1
Anderson, Stephen 3907 Greenview Pines Ct.				ress (P.O. Box Number is Not Accepta	D eļ
ORLAND	O FL 32817		83		
			84 City		85 Zip Code
				ration submits this statement for the pu	FL   FL   FL   FL   FL   FL   FL   FL
SIGNATURE _	Signature, typed or printed name of registered ago::  OFFICERS ANI		IOTE Brossland Agent signature require		DÀIL FICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, STEPHEN		1.2 NAME		
STREET ADDRESS	3907 GREENVIEW PINES CT		1.3 STREET ADDRESS		
City-St-Zip	ORLANDO FL		1.4 C/TY - ST - Z/P		
TITLE	DVTS	DELETE	2 1 TITLE		Change Addition
NAME	ANDERSON, IRENE		2.2 NAME		
STREET ADDRESS	3907 GREENVIEW PINES CT		2.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL	DELETE	2.4 City - St - ZiP		Change Addition
TITLE			3 1 TIFLE 1 32 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4 City -SI - ZiE		
TIFLE		☐ DELE FE	4 1 TITLE		Change Addition
NAME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.0:TY-ST-Z:P		
TITLE		☐ DELETE	5 1 11'LF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP		f pert	5.4 City - St - ZiP		Change D Addeson
TITLE		☐ DELET€	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	y certify that the information supplied	with this filing is voluntarily for	6 4 CITY - ST - ZIP Irnished and does not quality	for the exemption stated in Section 11	9.07(3)(k), Florida Statutes   further
certify that	the information indicated on this son.	ial report or supplemental ar ration or the receiver or trus	nnual report is true and accur tee empowered to execute th	ate and that my signature shall have the is report as required by Chapter 607, I	ie same legai effect as il mage unger-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96 407 679 2065

CR2E034 (12/95