

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S36627 (5)

1. Corporation Name

ENVIRO-SCAPE OF JACKSONVILLE, INC.



Principal Place of Business

5519 DICKSON RD.
JACKSONVILLE FL 32211

Mailing Address

P.O. BOX 23185
JACKSONVILLE FL 32241

3. Date Incorporated or Qualified

03/06/1991

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 6299-9 POWERS AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 158

27

City & State

City & State

23 JACKSONVILLE FLA

28

Zip

Country

Zip

Country

24 32217

25 FLA

29

30

4. FEI Number

59-3052287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICK, PETER L.
1833 QUEBEC CT
MIDDLEBURG FL 32068

81

Name DICK, PETER L.

82

Street Address, P.O. Box Number (if Not Acceptable)

60 RIVER ROAD

83

84

City ORANGE PARK

FL

85 Zip Code

32073

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

Peter L. Dick
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

4-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DICK, PETER L.
STREET ADDRESS 60 RIVER RD
CITY-STATE-ZIP ORANGE PARK FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE

NAME DICK, CURTIS P.
STREET ADDRESS 5519 DICKSON RD.
CITY-STATE-ZIP JACKSONVILLE FL 32211

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V.P.
DICK, CURTIS P.
2.3 STREET ADDRESS 4217 MARIANNA DR.
2.4 CITY-STATE-ZIP JACKSONVILLE FL 32211

TITLE S ☐ DELETE

NAME DICK, CURTIS P.
STREET ADDRESS 5519 DICKSON RD.
CITY-STATE-ZIP JACKSONVILLE FL 32211

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DICK, CURTIS P.
3.3 STREET ADDRESS 4217 MARIANNA DR.
3.4 CITY-STATE-ZIP JACKSONVILLE FLA 32211

TITLE T ☐ DELETE

NAME DICK, PETER L.
STREET ADDRESS 60 RIVER RD
CITY-STATE-ZIP ORANGE PARK FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Peter L. Dick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

904-260-5295

Daytime Phone #

CR2E034 (12/95)