FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMEN[illegible] OF STATE
Sandra B. Mort[illegible]
Secretary of S[illegible]
DIVISION OF CORP[illegible]ATIONS

DOCUMENT # V21537 (8)

1. Corporation Name
B & K LANDSCAPE & MAINTENANCE INC.

Principal Place of Business
7200 LENORA ST
PENSACOLA FL 32526

Mailing Address
7200 LENORA ST
PENSACOLA FL 32526

3. Date Incorporated or Qualified: 03/16/1992
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-3114619 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

WIGGINS, BARBARA
7200 LENORA ST
PENSACOLA FL 32526

10. **Name and Address of New Registered Agent**
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 a[illegible]-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 [illegible]rporation'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 title if applicable ______ (NOTE: Registered agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	WIGGINS, BARBARA	
STREET ADDRESS	7200 LENORA ST.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	P	☐ DELETE
NAME	WIGGINS KENNETH	
STREET ADDRESS	7200 LENORA ST	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and [illegible] 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 [illegible] 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 empowe[illegible] 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: Barbara L. Wiggins BARBA L. WIGGINS 3-28-96 904-455-8821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC[illegible] — Date — Daytime Phone #