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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

V21722

Corporation Name

Mersso Landscaping and Plant Care, Inc.

Principal Place of Business

Key Largo Florida

Mailing Address

P.O. Box 1709
Key Largo FL
33037

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. P.O. Box 1709
Suite, Apt. #, etc.

22. City & State

27. City & State

23. Key Largo FL

28. KEY Largo FL

24. Zip 33037

Country

29. Zip 33037

Country

30. Monroe

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Richard Mersso
2 Jenny Lane
Key Largo Florida 33037

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

Richard Mersso

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-97

12. OFFICERS AND DIRECTORS

TITLE	President/Sec	☐ DELETE
NAME	Richard Mersso	
STREET ADDRESS	2 Jenny Lane	
CITY-STATE-ZIP	Key Largo FL 33037	
TITLE	Vice President/TRE	☐ DELETE
NAME	Bonnie Mersso	
STREET ADDRESS	2 Jenny Lane	
CITY-STATE-ZIP	Key Largo FL 33037	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I further 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 included 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:

Bonnie Mersso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Mersso

3-29-97 453-9585

Date

Daytime Phone

CR2E034 (9/96)