

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DOH-00000000000000000000

APPROVED

7/3

MAILED JUL 15 1995

RECEIVED

DOCUMENT # **V39016**

(3)

1. Corporation Name

AGUILARS LANDSCAPE CENTER INC.

Principal Office Location
**RR 3, BOX 203-C
BIG PINE KEY FL 33043**

Altering Address
**RR 3 BOX 203C
BIG PINE KEY FL 33043
US**

DELETED NAME OF DELETED AGENT

3. Date the Corporation was Submitted **05/26/1992** 3a. Date of Last Report **05/31/1994**

4. FIC Number **65-0336330** 4a. Agent for Report Aggregable

5. Certificate of Status: Director **\$8.75 Additional Fee Required**

6. Election Campaign Financing: Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has not had a final report for the year 1994. Florida Statutes: ☒ Yes ☐ No

2. Principal Office Location

2a. Altering Address

21. State Agent

26. State Agent

22. State Agent

27. State Agent

23. State Agent

28. State Agent

24. State Agent

25. State Agent

29. State Agent

30. State Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CADWELL, JOHN J. III
MM 68.5 OCEANSIDE
LONG KEY FL 33001**

81. Name

82. Street Address (Do Not Include a Post Office Box)

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief. I am a director or officer of the corporation and am authorized to sign this report. I am not a director or officer of the corporation and am not authorized to sign this report. I am not a director or officer of the corporation and am not authorized to sign this report.

Signature

12. Additional Information: (Do Not Include a Post Office Box) 13. Additional Information: (Do Not Include a Post Office Box)

**P
Caldwell, John J
RR 3, BOX 203-C
BIG PINE KEY FL 33043**

14. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief. I am a director or officer of the corporation and am authorized to sign this report. I am not a director or officer of the corporation and am not authorized to sign this report. I am not a director or officer of the corporation and am not authorized to sign this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR