

FILE NOW: FILING FEE AFTER MAY 5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA OF STATE
S
S
DIVISIONS

DOCUMENT # V39016

1. Corporation Name

AGUILARS LANDSCAPE CENTER INC.



Principal Place of Business

RR 3, BOX 203-C
BIG PINE KEY FL 33043

Mailing Address

RR 3 BOX 203C
BIG PINE KEY FL
US

3. Date Incorporated or Qualified
05/26/1992

3a. Date of Last Report
05/19/1995

4. FEI Number
65-0336330

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

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

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished on this form is true and accurate and that I am a resident of Florida and have been a resident of Florida for the past year, and 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

(NOT) Agent signature required when reinstating

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE	TITLE	
NAME	CALDWELL, JOHN J		ML	
STREET ADDRESS	RR 3, BOX 203-C		REET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043		Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	TITLE	
NAME			VE	
STREET ADDRESS			REET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	LE	
NAME			AE	
STREET ADDRESS			REET ADDRESS	
CITY-ST-ZIP			-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	E	
NAME			ET ADDRESS	
STREET ADDRESS			-ST-ZIP	
CITY-ST-ZIP			E	
TITLE		<input type="checkbox"/> DELETE	E	
NAME			ET ADDRESS	
STREET ADDRESS			-ST-ZIP	
CITY-ST-ZIP			E	
TITLE		<input type="checkbox"/> DELETE	IE	
NAME			REET ADDRESS	
STREET ADDRESS			-ST-ZIP	
CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Caldwell III

4/11/96

305-872-0901

Daytime Phone #