FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)HYDRO-GRASS SEEDING, INC. Mailing Address Principal Place of Business 1240 11ST E 1240 11ST E PALMETTO FL 34221 PALMETTO FL 34221 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1981 Applied For 2a. Mailing Address Principal Place of Business 4. FEI Number 1240 59-2079660 21 Not Applicable 1240 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 丒 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Ζip Country Country 8. This corporation owes or has paid the current year Intangible 25 Minimize 29 3426 9. Name and Address of Current Registered Agent MANATO ☑ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name WILSON, MARILYN 1240 11TH ST. E. Street Address (P.O. Box Number is Not Acceptable) 82 PALMETTO FL 34221 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition WILSON, MARILYN NAME 6020 11TH AVENUE WEST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. C!TY-ST-ZiP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

941 722

14. I hereby 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 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.

CITY-ST-ZIP

SIGNATURE: