FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F93000003091 (6)

1. Corporation Name

Post Landscape Services, Inc.

Principal Place of Business
3350 Cumberland Circle
Suite 2200
Atlanta, GA 30339

Mailing Address
3350 Cumberland Circle
Suite 2200
Atlanta, GA 30339

3. Date Incorporated or Qualified: 7/6/93
3a. Date of Last Report: 5/1/95
4. FEI Number: 58-2056777 ☐ 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 XX No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT Corporation Systems
1200 South Pine Island Road
Plantation, FL 33324

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 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 ______ Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President / Director ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	John T. Glover	1.2 NAME
STREET ADDRESS	3350 Cumberland Circle, Suite 2200	1.3 STREET ADDRESS
CITY-ST-ZIP	Atlanta, GA 30339	1.4 CITY-ST-ZIP
TITLE	Secretary ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	Sherry W. Cohen	2.2 NAME
STREET ADDRESS	3350 Cumberland Circle, Suite 2200	2.3 STREET ADDRESS
CITY-ST-ZIP	~~Atlanta, GA 30339~~	2.4 CITY-ST-ZIP
TITLE	Chairman / Director ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	John A. Williams	3.2 NAME
STREET ADDRESS	3350 Cumberland Circle, Suite 2200	3.3 STREET ADDRESS
CITY-ST-ZIP	~~Atlanta, GA 30339~~	3.4 CITY-ST-ZIP
TITLE	Treasurer ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	Judy M. Denman	4.2 NAME
STREET ADDRESS	3350 Cumberland Circle, Suite 2200	4.3 STREET ADDRESS
CITY-ST-ZIP	~~Atlanta, GA 30339~~	4.4 CITY-ST-ZIP
TITLE	Vice President ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	Timothy A. Peterson	5.2 NAME
STREET ADDRESS	3350 Cumberland Circle, Suite 2200	5.3 STREET ADDRESS
CITY-ST-ZIP	~~Atlanta, GA 30339~~	5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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: Sherry W. Cohen — Sherry W. Cohen, Secretary — (770) 850-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #