

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90169 023 ***150.00

DOCUMENT # F93000003091

1. Corporation Name

POST LANDSCAPE GROUP, INC.

Principal Place of Business

4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327

Mailing Address

4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/06/1993

4. FEI Number

58-2056774

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

TITLE PD ☐ DELETE
NAME GLOVER, JOHN T
STREET ADDRESS 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE S ☐ DELETE
NAME COHEN, SHERRY W
STREET ADDRESS 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE CD ☐ DELETE
NAME WILLIAMS, JOHN A
STREET ADDRESS 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE T ☐ DELETE
NAME DENMAN, JUDY M
STREET ADDRESS 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE VP ☐ DELETE
NAME PETERSON, TIMOTHY A
STREET ADDRESS 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200
CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Glover, John T.
1.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800
1.4 CITY-ST-ZIP Atlanta, GA 30327

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Cohen, Sherry W.
2.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800
2.4 CITY-ST-ZIP Atlanta, GA 30327

3.1 TITLE CD ☒ Change ☐ Addition
3.2 NAME Williams, John A.
3.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800
3.4 CITY-ST-ZIP Atlanta, GA 30327

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Fox, R. Gregory
4.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800
4.4 CITY-ST-ZIP Atlanta, GA 30327

5.1 TITLE VP ☒ Change ☐ Addition
5.2 NAME Carlock, Jr., R. Byron
5.3 STREET ADDRESS 4401 Northside Pkwy., Suite 800
5.4 CITY-ST-ZIP Atlanta, GA 30327

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

Post Landscape Group, Inc.

SIGNATURE: BY: Sherry W. Cohen Sherry W. Cohen, Secretary (404) 846-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)