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PROFIT CORPORATION ANNUAL REPORT

2000

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

FILED
00 MAY -2 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003091

Corporation Name
POST LANDSCAPE GROUP, INC.

Place of Business
NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327

Mailing Address
4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/06/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 58-2056774 — Applied For / Not Applicable
City & State	City & State 28	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 25 Country	Zip 29 Country 30	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

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)

700003264307--7
-05/23/00--01121--016
****150.00 ****150.00

83

84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
PD ☐ DELETE GLOVER, JOHN T 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	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
S ☐ DELETE COHEN, SHERRY W 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	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
CD ☐ DELETE WILLIAMS, JOHM A 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	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
T ☐ DELETE DENMAN, JUDY M 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	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
VP ☐ DELETE PETERSON, TIMOTHY A 3350 CUMBERLAND CIRCLE, N.W., SUITE 2200 ATLANTA GA 30339	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
☐ DELETE	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE: BY: Post Landscape Group, Inc. Sherry W. Cohen, Secretary 4/28/00 (404) 846-5000