..FJLE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT

FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham SECRETARY OF STATE DIVISION OF CORPORATIONS ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1997 97 NOV 14 PM 3: 54 F96000005544 **DOCUMENT #** PHEMOLD GREEN LAWN CARE, INC Principal Place of Business Mailing Address 110 SPARE ROAD 419 SUITE 108 WINTER SPRINGS WINTER SPOUNGS PL. 3. Date Incorporated or Qualified 3a. Date of Last Report SAME 2a. Mailing Address 2. Principal Place of Business 4. FLI Number Applied For 59-3398753 21 WINTERSPRINGS. 26 110 STATE ROAD 419 Not Applicable Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired /08 City 8 State 108 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 WINDER SPANGS 28 WAREN SPAINSS FOR \Box Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032. 30 USA 32708 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent EURY MCARAUS A 110 STATE ROAD 419 SUITE 198 WINTER SPIGIFFS, FL 32708 Elennon ns of Sections 607,05:02 and 607,15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, buthe State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of, Section 607,0505, Florida Statutes. office or regist agent. I am te HONOR BY ME ME OF THE STATE OF THE ME OF THE 1420/97 SIGNATURE (NOT) Begistered Agent signature required when re-estating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 111111 ☐ Change ☐ Add-tion DIRESTOR PATRICK K. GUY 1490 FACC BROOK BLUD NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS PALM HOLBUR, FZ 34655 CITY-ST-ZIP 14 CHY-\$1-ZIP 800002359120 -11/26/97-50087-509 DIREGUR DELETE TITLE 2.11000 HODRIZM WAVE NAME 2.2 NAME ****165.00 ****165.00 2522 SADDICENCED (N. STREET ADDRESS 2.3 STREET ADDRESS POCH HORBOR, FR 346PT CITY-ST-ZIP 2 4 CITY+\$1-7IP DELETE TITLE 3.1 TITLE Change Addition SUCKUSTALY MOSTATE MOUSE # 18 NAME 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS Change Addition WINTER SPUNSS, PL 32708 3.4 CHY-\$1-7IP CITY-\$1-ZIP TITLE DELETE 411011 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST - 7IP 4.4 CITY - ST - ZIP DELETE TITLE 5.13ITUE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DITETE Change Addition 6.1 TELE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 6.4 CiTY - \$1- ZiP In supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under onth, that poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attaction with an address. 14. I do hereby certify that the in information indicated on this I am an officer or director appears in Block 12 or By AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

NOV. 11TH 1997

FLORIDA SECRETARY OF STATE P.O. BOX 6327 TALLAHASSEE, FL. 32314 ATTN: SUSAN PAYNE

DEAR SUSAN,

THIS LETTER IS TO INFORM YOU THAT I AM FILING OUR CORPORATE ANNUAL REPORT AND ENCLOSING A CHECK FOR \$165.00. I APOLOGIZE FOR THE DELINQUENCY OF THIS FORM, HOWEVER, THE ADDRESS ON THE ORIGINAL CORRESPONDENCE WAS INCORRECT. YOUR RECORDS SHOWED A MAILING ADDRESS OF 28870 U.S. 19 NORTH CLEARWATER, FLORIDA. 34619. THE CORRECT ADDRESS SHOULD HAVE BEEN 22055 U.S. 19 NORTH CLEARWATER, FLORIDA. 33765. I HAVE NO IDEA HOW THIS COULD HAVE OCCURRED BUT I HOPE THAT EVERYTHING IS NOW CURRENT IN OUR FILE.

AGAIN, I AM SORRY FOR THE CONFUSION THAT THIS MAY HAVE CAUSED AND I AM RESPECTFULLY REQUESTING A WAIVER OF THE LATE FEE OF \$385.00.

I APPRECIATE YOUR COOPERATION IN THIS MATTER.

EVAL MOZNTOSH

OPERATING DIRECTOR EMERALD GREEN LAWN CARE WEST, INC.