FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 23 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33687 (5)

1. Corporation Name
AMAZON LAWN CARE, INC.

Principal Place of Business
135 TANGERINE TRAIL
DELRAY BEACH FL 33444

Mailing Address
135 TANGERINE TRAIL
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1984
3a. Date of Last Report: 07/21/1994

2. Principal Place of Business
21 (blank)
Suite, Apt. #, etc. 22 (blank)
City & State 23 (blank)
Zip 24 (blank) Country 25 (blank)

2a. Mailing Address
26 Amazon Lawn Care
Suite, Apt. #, etc. 27 1314 SW 22nd Ave
City & State 28 Delray Bch Fl
Zip 29 33445 Country 30

4. FEI Number: 59-2444076 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

BUDJINSKI, WALTER F.
135 TANGERINE TRAIL
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name: Budjinski Walter F. Amazon
82 Street Address (P.O. Box Number is Not Acceptable): 1314 SW 22nd Ave
83
84 City: Delray Bch FL 85 Zip Code: 33445

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: Walter Budjinski, Pres [signature] DATE: 1-18-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUDJINSKI, WALTER
STREET ADDRESS	135 TANGERINE TRAIL
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	BUDJINSKI, SUZANNE
STREET ADDRESS	135 TANGERINE TRAIL
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] Walter Budjinski Pres 1-18-95 407-276-7536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0267070 CP