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

FILED Feb 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name (5)H40485 GARDEN BLADE SERVICES, INC. Principal Place of Business Mailing Address 8575 MENDEL DRIVE 9575 MENDEL DRIVE **NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 59-2492855 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 26 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRESOVITS, JOHN S. 9575 MENDEL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34654** 83 84 City 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 proted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1 1 TITLE Change Addition NAME BRESOVITS, JOHN S. 1.2 NAME 9575 MENDEL DRIVE STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE ☐ Addition Channe TITLE 21 TITLE BRESOVITS, ADAM S 2.2 NAME NAME 9575 MENDEL DRIVE 23 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE BRESOVITS, NANCY J. 3.2 NAME MAME 9575 MENDEL DRIVE STREET ADDRESS 3.3 STREET ADDRESS **NEW PORT RICHEY, FLS.** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

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 charged on an attactorer with an address.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

> JAN ROECO 2/14/99-

813-847-6061

Change

Addition