appears in Block 12 or Block 13 if changed or on an attachment with an address.

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** HIORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0) **DOCUMENT #** ANDY'S LANDSCAPE MAINTENANCE, INC. Mailing Address Principal Place of Business S LOID ANDROW ECKUM 4001 LEILA AVENUE 4001 LEILA AVENUE TAMPA FL 33616 **TAMPA FL 33616** 3a. Date of Jack 1995 3. Date long parated or Qualified 4. FEI N. 59-2730197 Applied For Mailing Address 2. Principal Place of Business 2a. Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes ☑ Yes: ☐ No Country Country Zip 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Sally S. Ecklin BOILIN, LOIS-MIDDEW Street Address (P.O. Box Number is Not Acceptable) 82 **4001 LEILA AVENUE TAMPA FL 33616** 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agest super-increased when relistating CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AND DIRECTORS 13. 12. Addition DELETE 1. 1 TITLE TITLE ECKEIN: EOIS ANDRE 1.2 NAME Sally S. Ecklin NAME 4001 LEILA AVENUE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CHTY - ST. 7IP CITY - ST - ZIP Change. ☐ Addition DELÉTE. 2 1 TIBLE TiTiF 2.2 NAME NAME 2.3 STREET ADDR: SS STREET ADDRESS 24 Cily - ST - Z P CITY-ST-ZIP Change Add tion DELETE 3.1 THE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 C+1Y - S1 - 7IP CITY-ST-ZIP Addition Change TT DELETE 4-1 TIFLE TITLE 4.2 NAME NAME 4.3 STREET ADOPESS STREET ADDRESS 4.4 CIT) - \$1 - ZIP CITY-ST-2IP Change Addition ☐ DELETE 5 1 Table TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 2IF CITY - ST - ZIP Addition DELETE 6.1 TIFLE TITLE 30000184288 6.2 NAME -05/29/96--01093--017 NAME 6.3 STREET ACCRESS STREET ADDRESS ***200.00 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 arm 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 applied in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name applied in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name