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STREET ADDRESS

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FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L88727 (7)GREENWORKS LANDSCAPE DESIGN, INC. Principal Place of Business Mailing Address 5402 NW 8TH AVE 5402 NW 8TH AVE GAINESVILLE FL 32605 GAINESVILLE FL 32605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1990 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3023184 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAW JR, JAMES MADISON 5508 SW 88TH CT 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32605** 83 84 City 85 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 printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1,1 TITLE Change ___ Addition LAW, JAMES MADISON JR NAME 1.2 NAME 7200 SW 8TH AVE #J-58 STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change 2.1 TITLE Addition MAYBERRY, GLORIA 2.2 NAME RT 2, BOX 189 A STREET ADDRESS 2.3 STREET ADDRESS HAWTHORNE FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DE: FTE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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.

1-6-98

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