2003 FOR PROFIT CORPORATION

Apr 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P02000001485 DOCUMENT # 1. Entity Name 04-17-2003 90128 009 ***150.00 MEL'S LAWN SERVICE, INC. Principal Place of Business Mailing Address P.O.BOX 756 P.O.BOX 756 YULEE FL 32041-0756 YULEE FL 32041-0756 Principal Place of 28089 of Business 9 BOSE GARDO 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For itv & State City & State 55I Number 0-0022810 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROCKETT, EARLAND M JR **RR4 BOX 8581** HILLIARD FL 32046-9673 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be * * After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) Change Addition X Delete TITLE TITLE CROCKETT, EARLAND M NAME NAME ROSE GARDON WAL STREET ADDRESS RR 4 BOX 8581 STREET ADDRESS City-St-7IP 32046-7363 HILLIARD FL 32046-9673 CITY-ST-ZIP VICE PRESIDENT Change TITLE Delete TITLE CROCKETT, SARAH J. 28089 ROSE GARDEN WAY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME O. BOX 1670, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME

12. 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 report or supplemental 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 10 or Block 11 in the corporation of the receiver of the corporation of the receiver of the of the corporation or the received

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7P

FILED