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

FILED Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000009908 (3) GREEN LAWN CARE SERVICES, INC. Principal Place of Business Mailing Address 1604 BAHAMA DR 1604 BAHAMA DR KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1993 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 65-0398499 26 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREEN, BRADLEY 1604 BAHAMA DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 KEY WEST FL 33040 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** 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition GREEN, BRADLEY NAME 1.2 NAME 1604 BAHAMA DR STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 1.4 CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE GREEN, MARVA NAME 22 NAME 1604 BAHAMA DR STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 CITY - ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE 5.2 NAME NAME

14. 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 conformation 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 chapter 607, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETÉ

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

2/7/98

CR2E034 (10/97

Change

Addition