SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE $375)

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044653 (2)

1. Corporation Name
NICHOLS LAWNCARE SERVICES, INC.

800001478988
-05/08/95--01056--003
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Mailing Address
2134 HOVINGTON CIRCLE EAST
JACKSONVILLE FL 32246

Principal Place of Business
2134 HOVINGTON CIRCLE EAST
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

KELLY TIMOTHY P
200 W. FORSYTH ST.
SUITE 1020
JACKSONVILLE FL 32202

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	D
1.2 NAME	NICHOLS PHOTIS J	1.2 NAME	NICHOLS PHOTIS J
1.3 STREET ADDRESS	2134 HOVINGTON CIRCLE EAST	1.3 STREET ADDRESS	2134 Hovington Circle East
1.4 CITY ST ZIP	JACKSONVILLE FL 32246	1.4 CITY ST ZIP	Jacksonville, FL 32246
2.1 TITLE		2.1 TITLE	D
2.2 NAME		2.2 NAME	KELLY, TIMOTHY P.
2.3 STREET ADDRESS		2.3 STREET ADDRESS	200 W. Forsyth St., Suite 1020
2.4 CITY ST ZIP		2.4 CITY ST ZIP	Jacksonville, FL 32202
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY ST ZIP		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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 Date — (904) 356-1525 Daytime Phone #

0150003