SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P93000049356 (7) LEONARD'S ORNAMENTAL MIXES, INC. Principal Place of Business Mailing Address 2029 BISBEE STREET 2029 BISBEE STREET PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1993 06/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0419928 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 Zipi Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REID, LEONARD 2029 BISBEE STREET 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34952 83 City 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florioa Statistes, the above-named corporation submits this statement for the purpose of changing its 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NEUF, Registered Agent signature required when reinstating) Stocation type disciplination of tregulated diagent and title if supficial in 1:416 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 1.1 TIFLE Change Addition NAME REID, LEONARD 1.2 NAME CR2E034 STREET ADDRESS 2029 BISBEE STREET 1.3 STREET ADDRESS PT ST LUCIE FL 34952 CITY - ST - ZIP 1.4 CHY-S1-ZIP TITLE DELETE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-SI-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 TITLE DELETE 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-S1-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS EITY-ST-ZIP 6 4 CHY_SL 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 1 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 decisive or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

SKINATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 40-34-988