## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000063008 (5) DOCUMENT # RED-E-CUT LANDSCAPE SERVICES, INC. Principal Place of Business Mailing Address 1919 COURTNEY DRIVE #5 1919 COURTNEY DRIVE #5 FORT MYERS FL 33901 FORT MYERS FL 33901 3. Date incorporated or Qualified 09/09/1993 3a. Date of Last Report 07/10/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0435151 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 Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREGO, CARL 82 1919 COURTNEY DRIVE #5 FORT MYERS FL-33901 83 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 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. Larn 33936 EARL R. RUSSPIL SIGNATURE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change ☐ Addition TRAYLOR, LOWELL NAME 1.2 NAME 428 CANDLEWICK CIRCLE STREET ADDRESS 13 STREET ADDRESS LEHIGH ACRES FL 33936 CITY - ST - ZIP 14 CITY - ST- ZIP THILE DELETE 2 1 TIFLE ☐ Change Addit on NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY+ST-ZIP 2.4 CHY - ST - ZIP DELFTE TIFLE 3 1 THLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEFT ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 THLE ☐ Addition Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS. CITY-ST-ZIP 4.4 CiTy - \$1 - ZiP TITLE DELFTE 5 1 TIT: 8 [ ] Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - 2IP TITLE DELETE 6 1 T(ILE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STHEFT ADDRESS CITY-ST-ZIP 6.4 CiTY - ST - 7iP 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 coath, that I am an officer or director of this corporation or the race ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

6-27-91 941-369-0741