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 # P94000057955 (4) INSIDE OUT HOME AND LAWN CARE, INC. Principal Place of Business Mailing Address 4336 BENCHMARK TRACE 4336 BENCHMARK TRACE TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 3. Date Incorporated or Qualified 3a. Date of Last Report 08/05/1994 01/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3263425 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 []Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 2mCountry 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAUSE, LESA **4336 BENCHMARK TRACE** 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32311 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 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 Signature, type dior proced name of registered agent and the Jiar pleable (NOTE Registered Agreet's greature required when recistating, 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) TITLE DELETE 1.1 TITLE Change NAME VAUSE, LESA 1.2 NAME E034 STREET ADDRESS 4336 BENCHMARK TR 13 STREET ADDRESS TALLAHASSEE FL 32311 CITY-ST-ZIP 14 CITY - ST - 7(P TITLE VS. 2.1 TIT: F Change Addition NAME EDWARDS, BRYAN 2.2 NAME STREET ADDRESS 1603 VALLEY ROAD 2.3 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32301 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 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 C/TY - ST - ZIF DELETE 51 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 City - ST- ZIP TITLE DELETE 6.1 TiTLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 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 1 further certify that the information indicated go this aregua 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 procedure or the receiver 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 changes, or or equalizational with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

8.13 TC 62.6334