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 P94000092987 (4) **DOCUMENT #**1. Corporation Name PALM BEACH LANDSCAPE & SOD, INC. Principal Place of Business Mailing Address 13940 23RD CT N P.O. BOX 1239 LOXAHATCAHEE FL 33470 LOXAHATACHEE FL 33470 3. Date Incorporated or Qualified 3a. Date of Last Report 12/27/1994 04/27/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0545099 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 Žιρ 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 Name MILSTEAD, DAVID 13940 23RD CT N Street Address (P.O. Box Number is Not Acceptable) LOXAHATCAHEE FL 33470 83 84 City 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, 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, type d or pricted name of registered agent and title if applicable (NOTE: Rog stered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1.1 TELLE Change Addition MILSTEAD, DAVID NAME 1.2 NAME CR2E034 13940 23RD CT N STREET ADDRESS 13 STREET ADDRESS LOXAHATCAHEE FL 33470 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE STD DELETE 21 TIFLE Change Addition NAME MILSTEAD, KATHI 2.2 NAME STREET ADDRESS 13940 23RD CT N 23 STREET ADDRESS LOXAHATCAHEE FL 33470 CITY - ST - ZIP 2 4 CITY - ST-ZIP TUTLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST- ZIP 34 CHY-ST-ZIP TILLE DELETE 41 THLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST-ZIP THILE DELETE 5 1 TITLE Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - \$1 - 2IP TITLE DELETE 6: TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and doos 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 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 shanged, or on an attachment with an address

FICER OR DIRECTOR

SIGNATURE:

6/17/96