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 DIVISION OF CORPORATIONS 1996 P95000003565 (5) DOCUMENT # RICHARD'S PROFESSIONAL LANDSCAPE MAINTENANCE, IN Principal Place of Business Mailing Address 7002 GREVILLA AVE S P.O. BOX 47973 S PASADENA FL 33707 ST PETERSBURG FL 33743-7973 3a. Date of Last Report 3. Date Incorporated or Qualified 01/11/1995 2. Principal Place of Business
21 6694 EMERSON AVE 5 Applied For Mailing Address Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing 23 ST PETERS BUR Added to Fees Trust Fund Contribution 28 Country This corporation has liability for intangible tax under s. 199.032, Yes 🖊 No 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HICKMAN, KICHARD HICKMAN, RICHARD F 7002 GREVILLA AVE S S PASADENA FL 33707 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 I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. RICHARD F. HICKMAN SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 12. PRESIDENT TITLE DELETE 1.1 TITLE HICKMAN RICHARD F 1.2 NAME NAME CR2E034 4694 EMESSON AVE 1.3 STREET ADDRESS STREET ADDRESS PETERSBURG 1.4 City - ST-7P CITY-ST-ZIP DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST ZIP CITY-ST-ZIP Change Addition DELETE 3 1 1111 5 TITLE 3 2 NAM8 NAME STREET ADDRESS 3 3 STREET ADDRESS 34 CITY-ST 21P CITY - ST - ZIP DELETE Charige Addition 4 1 7LTLE TITLE 4.2 NAME NAME 4.3 STREET ADERESS STREET ADDRESS 4.4 CITY - ST-ZiP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - Z-P CITY-ST-ZIP DELETE Change Addition THLE 61 TITLE NAME 6 2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 Cify - ST- ZiP 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 eath 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. Floridh Statutes, and that my name appears in Bloc or on an attachment with an address

TED NAME OF SIGNING OFFICER OR DIBECTOR

SIGNATURE: