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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000019107 (8) **DOCUMENT #** HOLLYWOOD'S LAWN CARE, INC. Principal Place of Business Mailing Address 4112 W. MARIETTA 4112 W. MARIETTA TAMPA FL 33616 TAMPA FL 3361E 3a. Date of Last Report 3. Date incorporated or Qualified 03/06/1995 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3230 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 This corporation has liability for intangible tax under s. 199 032, Country Zip Zip Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARTIN, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 4112 W. MARIETTA TAMPA FL 33616 83 85 Zip Code 84 City 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 office or 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 12 NAME NAME 13 STREET ADDRESS STREET ADDRESS 14 CITY - ST - ZIF CHTY - ST- ZIP Change Addition DELETE 21 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP City - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP 700001926767hage | Addition -08/20/96--01085--047 CITY-ST-ZIP DELETE 6 1 TITLE TITLE 62 NAME NAME ***225.00 6 3 STREET ADDRESS STREET ADDRESS 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 at 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 of Block 13 if changed, or on an attachment with an address. 64 CITY -ST- ZIP

SIGNATURE:

NAME OF SOURCE OF DESCRIPTION OF PRINTED HAME OF SOURCE OF DIRECTOR

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