SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/1/96: \$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 DOCUMENT # P95000037644 (8) TREE LAND LANDSCAPE & NURSERIES INC. Mailing Address Principal Place of Business 6810 S. MILITARY TRAIL 6810 S. MILITARY TRAIL LAKE WORTH FL 33463 LAKE WORTH FL 33463 3a. Date of Last Report 3. Date incorporated or Qualified 05/11/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 65-059/805 Not Applicable 21 26 \$8.75 Additional Suite, Apt. # etc Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intengible tax under s. 199.032 Country Zip Country Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHRISTENBURY, EARL Street Address (P.O. Box Number is Not Acceptable) 82 6810 S. MILITARY TRAIL LAKE WORTH FL 33463 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Horida 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NEIL). Response Agest says three required when remains on GAD SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 LH.E TITLE CR2E034 1.2 NAME NAME 1.3 STREET AUDRESS STREET ADDRESS 1.4 CHY - \$1 - 7-P Change: Addition CITY-ST 2IF DELETE 2111116 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$1 - ZIP Change Addition CITY - ST - ZIP 3.1 TI'LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP L___ Change ____ Addition DELETE 4.1.7111.6 m.e 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAM NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP 300001923393^{ange} -08/15/96--01068--018 Addition DELETE 6.1 TiTLE TITLE 6 2 NAME NAME ***225.00 6.3 STREET ADDRESS STREET ADDRESS RACITY-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 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 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 changed or on an authority with an address

R DIRECTOR

SIGNATURE:

7/19/96