FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000051060 (8) CLASSIC HARDSCAPES, INC. Principal Place of Business Mailing Address 17001 PICKETTS COVE ROAD 17001 PICKETTS COVE ROAD ORLANDO FL 32820 ORLANDO FL 32820 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1995 2. Principal Place of Business 2a. Mailing Address Applied For 7.0, Box 660426 15265 E. Colonial 59-3322047 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Creduota Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes 26 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **GILBERT, CHARLES PERRY** 17001 PICKETTS COVE ROAD 82 ORLANDO FL 32820 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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, and accept the obligations of, Section 607.0505, Florida Statules.

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red agent and title it applicable (NOTE: Register (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change ___ Addition **GILBERT, CHARLES PERRY** NAME 1.2 NAME CR2E034 17001 PICKETTS COVE ROAD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32820 CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE Change 2.1 TITLE **GILBERT, PANSY WOOD** NAME 2.2 NAME 17001 PICKETTS COVE ROAD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32820 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ■ Addition

CHARLES PGILLES 1 Apr 98 4075682800 Date Dayline Prone # 0101802 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an indicates.

NAME

STREET ADDRESS