FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000079031 (7)**

1. Corporation Name

RIESEN EXTERIOR CARE LAND MAINTENANCE, INCORPORATED

Principal Place of Business	Mailing Address
1369 HYDE PARK DRIVE WINTER PARK FL 32792	1369 HYDE PARK DRIVE WINTER PARK FL 32792

3. Date Incorporated or Qualified: **10/16/1995** | 3a. Date of Last Report:

4. F.E.I. No. applied for: 59-3338457 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 No change	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RIESEN, WILLIAM B
1369 HYDE PARK DRIVE
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and Title XXXVI, Florida Statutes, the foreign 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: William Riesen — DATE: 3-12-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-12)	
1 TITLE	President owner operated ☐ DELETE	1 TITLE	Vice President ☐ Change ☑ Addition
NAME	William Brady Riesen	1 NAME	Alicia Riesen
STREET ADDRESS	1369 HYDE Park	1 STREET ADDRESS	1369 Hyde Park
CITY-ST-ZIP	Winter Park FL 32792	1 CITY-ST-ZIP	W.P. FL 32792
2 TITLE	☐ DELETE	2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY-ST-ZIP		2 CITY-ST-ZIP	
3 TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is true, that it was executed, furnished and 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 changed, or added or deleted in connection with this report.

SIGNATURE: William Riesen — 3-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

SC 3-20-96