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 P95000083502 (1) DOCUMENT # SANDS ORCHIDS AND LANDSCAPING SERVICES, INC. Mailing Address Principal Place of Business 1010 NORTH ST 1010 NORTH ST NEW SMYRNA BEACH FL 32168-5657 NEW SMYRNA BEACH FL 32168-5657 3. Date Incorporated or Qualified Date of Last Report NA 10/27/1995 FEI Number 59 - 33 5 0 5 Applied For Mailing Address Principal Place of Business PO. BOX Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State VEWSMYRNA BCH Added to Fees Trust Fund Contribution 23 This corporation has liability fur intangible tax under s 199 032 Zip Yes No Florida Statutes 25 VOLUSI A 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agen Name GAGER, MARK A Street Address (P.O. Box Number is Not Acceptable) 932 S WICKHAM RD 82 WEST MELBOURNE FL 32904 83 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Bi-gistered Agent signature required when reinstating) Signature, typics or posts or range of registered agent and blurif applicable (3.6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1 1 Tille PRESIDENT TITLE E034 DAVID CHARLES 1.2 NAME NAME 1010 NORTH STREET 1.3 STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FURIDA 32168565 1.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 DILE TOLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - S1 - ZIP CITY - ST - ZIP Change Addition DELETE 3110.6 THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 10116 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIF Change Addition DELETE 5 1 1111.6 TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - S1 - ZIF Change Addition DELETE 6.1.1115 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CHTY - ST - ZIP I do hereby certify that the information supplied with this fiting 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 of 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my arms appraish Block 13 or Block 13 it chapted or on an attachment with an address. CITY-ST-ZIP

DAVID C. SWOYER

SIGNATUR