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 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000087382 (4) G & G LAWN SERVICE, INC. Principal Place of Business Mailing Address 25101 S.W. 194TH AVENUE 25101 S.W. 194TH AVENUE HOMESTEAD FL 33031 HOMESTEAD FL 33031 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1995 Principal Place of Business 2. 2a. Mailing Address F£I Number Applied For 21 65-061 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Florida Statutes [] Yes [] No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPENCER, GERALD L 25101 S.W. 194TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **HOMESTEAD FL 33031** В3 84 City 85 Zip Code 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of oirectors. I hereby accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere t Agent signature required when reinstative) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 Title Change Addition NAME SPENCER, GERALD L 1.2 NAME 25101 S.W. 194TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS CITY-SY-ZIP HOMESTEAD FL 33031 14 CITY - ST - ZIP TITLE DELETE 2.1 THILE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET AUDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - 2IP TITLE DELETE 5.1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 4 CI1Y - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CHTY - ST - ZHP 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 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 trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes, and that my name appears in Block 13 if changed, or on any attachment with an address.

SIGNATURE:

CR2E034

JENIER Kes. 8-5-96 3052874617