FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P95000097049 (7)

1. Corporation Name

LOVETT LANDSCAPE INC.

Principal Place of Business	Mailing Address
░░░░░░░░░░	░░░░░░░░░░

3. Date Incorporated or Qualified **01/01/1996**		3a. Date of Last Report

	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 / 26	5522 Oak Crossing Drive	P.O. Box 918	59-3282595	
22 / 27	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
23 / 28	City & State: Jacksonville, FL	City & State: Orange Park, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 / 25	Zip 32244 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (Ⓥ Yes ☐ No)	
29 / 30	Zip 32067 Country USA			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
░░░░░░░░░░ ░░░░░░░░░░ ░░░░░░░░░░	81 Name: Phillip D. Yonge
	82 Street Address (P.O. Box Number is Not Acceptable)
	83 5522 Oak Crossing Drive
	84 City: Jacksonville FL 85 Zip Code 32244

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X _(signature)_ Phillip D. Yonge, Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE		1.1 TITLE	☒ Change ☐ Addition
NAME **YONGE, PHILLIP D**		1.2 NAME	
STREET ADDRESS ░░░░░░░░		1.3 STREET ADDRESS **5522 Oak Crossing Drive**	
CITY-ST-ZIP ░░░░░░░░		1.4 CITY-ST-ZIP **Jacksonville, FL 32244**	
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
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-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: X _(signature)_