SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 AUG -4 AM 9: 08 P95000097929 (0) DOCUMENT # SLUME HART OF STATE TALLAHASSEE, FLORID**a** CHARLES LAWN SERVICE, INC. Principal Place of Business Mailing Address 204 ESSEX DRIVE P.O. BOX 163 FT. PIERCE FL 34946 FT PIERCE FL 33465 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/22/1995 04/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 11.1.1 Box 65-0610863 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Boynton Beach 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 29 33425 - 1177 USA Yes Yes 24 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HADDEN, DAVID 204 ESSEX DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34946 83 84 City Zip Code 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HADDEN, DAVID NAME 1.2 NAME : 900002262329--3 204 ESSEX DRIVE -08/08/97--01134--012 STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL 34946 ****165.00 ****165.01 Change Addition City-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change 2.1 TITLE HADDEN, DAVID 2.2 NAME NAME 204 ESSEX DRIVE STREET ADDRESS 2.3 STREET ADDRESS FT. PIERCE FL 34946 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDLESS 3.3 STREET ADDRESS CITY-ST-3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report is use 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 corpolation or the receiver or trusted emphasis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an invincement with a address. address David

29/97

Change

Addition

PJ2

7/29/97

To whom IT MAY CONCERN,

I DAVID HADDEN Spoke with a representative from your office the Department of STATE and communicated that I never received the first notice of the (filing fee) Corporation annual Report. I was told then to make a note of this fact and to mail to P.O. Box 6327 Tallahassee, Fl 32314. In the amount of \$165.00

SINCELE ly,

PRESIDENT-CHARLES LOWN SERVICE INC