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
Jul 01 1997 8:00am
Secretary of State

DOCUMENT # P96000005764

1. Corporation Name

TOTAL LOT CARE, INC.

Principal Place of Business / Mailing Address

1038 Miller Drive
Altamonte Springs, FL 32701

3. Date Incorporated or Qualified: **1/18/96**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: **59-3369915** — Applied For

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

9. Name and Address of Current Registered Agent

N. Scott Novell
201 E. Pine Street
Suite 1200
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name: **Michael Mather**
82 Street Address (P.O. Box Number is Not Acceptable): **1038 Miller Drive**
83
84 City: **Altamonte Springs** FL 85 Zip: **32701**

11. Pursuant to the provisions of Section 607.0502 and 607.1538, 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. Statement 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 that position.

SIGNATURE: *Michael A Mather* Date: 7/1/97
(Required signature when reinstating)

12. OFFICERS AND DIRECTORS ☐ Delete

D/P/S/T
Mather, Michael
1038 Miller Drive
Altamonte Springs, FL 32701

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Add ☐ Change

CR2E036 (06/95)

50000222870S
-07/02/97--01032--027
***550.00

14. I 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 report or supplemental attached 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 I am aware that false information submitted in a document to an agency or officer of the Florida Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: *Michael A Mather* (407) 332-1441
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR