FILE NOW: FILING FEE AFTER MAY 1 IS $550.00 Amended

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P96000031950

1. Corporation Name
FIRST CHOICE LAWN CARE, INC.

Principal Place of Business	Mailing Address
4765 MARA DR JACKSONVILLE FL 32258	SAME

3. Date Incorporated or Qualified: 4/12/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 4765 MARA DR
22 Suite, Apt. #, etc.:
23 City & State: JACKSONVILLE FL
24 Zip: 32258
25 Country: DUVAL

2a. Mailing Address
26: 4765 MARA DR
27 Suite, Apt. #, etc.:
28 City & State: JACKSONVILLE, FL
29 Zip: 32258
30 Country: DUVAL

4. FEI Number: 59-3376008 ☐ Applied For ☐ Not Applicable

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
~~JOYCELYN B. STORNIOLO~~
~~4352 HOLLYGATE DR~~
~~JACKSONVILLE, FL 32258~~

10. Name and Address of New Registered Agent
81 Name: CONNIE J. BENHAM
82 Street Address (P.O. Box Number is Not Acceptable): 4765 MARA DR
83:
84 City: JACKSONVILLE, FL **FL** 85 Zip Code: 32258

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: Connie J. Benham
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOYCELYN B. STORNIOLO 4352 HOLLYGATE DR JACKSONVILLE FL 32258	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES. CONNIE J. BENHAM 4765 MARA DR JACKSONVILLE, FL 32258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V. PRES. CHARLES H. BENHAM 4765 MARA DR JACKSONVILLE, FL 32258	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	000002313630--2 -10/07/97--01029--015 *****70.00	☐ Change ☐ Addition *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Connie J. Benham — Oct 1, 1997 — 904-260-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #