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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000046456 (5)

1. Corporation Name:
G & D NURSERY, LANDSCAPING, & LAWNCARE INC.



Principal Place of Business: 7001 S 49TH AVE TAMPA FL 33619
Mailing Address: 7001 S 49TH AVE TAMPA FL 33619-6945

3. Date Incorporated or Qualified: 05/24/1996
3a. Date of Last Report:
4. FEI Number: 59-3382235
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

2. Principal Place of Business: 21-24
2a. Mailing Address: 25-30
21. Suite, Apt #, etc
22. City & State
23. Zip
24. Country
25. Suite, Apt #, etc
26. City & State
27. Zip
28. Country
29. Suite, Apt #, etc
30. City & State
31. Zip
32. Country

9. Name and Address of Current Registered Agent
PITTMAN, GEORGE D
7001 S 49TH AVE
TAMPA FL 33619

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: D
1.2 NAME: PITTMAN, GEORGE D
1.3 STREET ADDRESS: 7001 S 49TH AVE
1.4 CITY-ST-ZIP: TAMPA FL 33619
1.5 DELETE:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

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: *George D. Pittman* REGISTERED 4-20-97 1-813-626-0693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)