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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061507 (5)

U. S. LAWNS OF SARASOTA, INC. Principal Place of Business Mailing Address 985 SHILO ROAD P.O. BOX 10181 SARASOTA FL 34240 SARASOTA FL 34278 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0710046 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζiρ Country Zip Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. ☐ No 30 24 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TATICH, PHILIP Carlo 601 S LAKE DESTINY RD, SUITE 200 82 Address (P.O. Box Number is Not Acceptable) (Shilo) MAITLAND FL 32751 83 Zip Code 34240 84 Sarasota 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. 1-5-98 Michael F. Carlo Pres SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ___ DELETE Change Addition TITLE 11 TITLE CARLO, MICHAEL F 12 NAME NAME 985 SHILO ROAD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34290 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE __ Addition TITLE 2.1 THILE Change NAME MOERCHEN, TODD 2.2 NAME 389 MEARS BLVD. STREET ADDRESS 2.3 STREET ADDRESS OLDSMAR FL 34677 2.4 CITY-ST-ZIP CITY-ST-7IP DELETE Addition 31 TITLE ☐ Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition | 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 6.4 CITY - ST - ZIP DELETE Change Addition 61TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-ZIF

14. If 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 suppliemental 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:

1-5-98

941-379-0272

CR2E034

FILED

Jan 15 1998 8:00am

Secretary of State