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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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SIGNATURE:

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LAWNSOFINE, INC.

Mailing Address Principal Place of Business 4750 SWEET CHERRY LANE 4750 SWEET CHERRY LANE JACKSONVILLE FL 32225 JACKSONVILLE FL 32225-1083 3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1996 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suité, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHARKO, STEPHEN L 4750 SWEET CHERRY LANE Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32225 83 City Zip Code 85 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. Sympton Types or presed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1)!((1.1 TITLE Stephen L. Charko 1.2 NAME CRZE034 4750 Sweet Cherry hn. 13 STREET ADDRESS STREET ADDRESS Jacksonville FL 1.4 CITY-SF-ZIP OHY - ST - 709 Addition DELETE Change 2.1 TITLE 101dDeborah M. Charko 22 NAME NAME 4750 Sweet Cherry Ln. STREET ADDRESS 23 STREET ADDRESS Jacksonville FL 32225 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TILE NAM: 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP DHY-ST-7/2 DELETE Change Addition DILE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7P DELETE 5.1 TITLE ☐ Change Addition TELL 5.2 NAME NAM STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CRY ST-7P DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

14. Too hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the