

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000006463 (8)  
1. Corporation Name  
THE SOUTHERN GARDEN LANDSCAPE COMPANY

Principal Place of Business 1200 E IDLEWILD AVE TAMPA FL 33604	Mailing Address 1200 E IDLEWILD AVE TAMPA FL 33604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1315 S Howard Ave. Suite, Apt. #, etc. 22 Suite 202 City & State 23 Tampa FL Zip 24 33606		2a. Mailing Address 26 1315 S Howard Ave Suite, Apt. #, etc. 27 Suite 202 City & State 28 Tampa FL Zip 29 33606		3. Date Incorporated or Qualified 01/16/1997		4. FEI Number 59-3439879		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CONNER, DAVID 1200 E IDLEWILD AVE TAMPA FL 33604				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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

Signature typed or printed name of registered agent and title if applicable

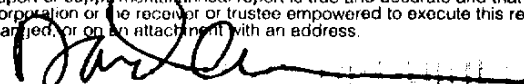
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNER, DAVID R			1.2 NAME			
STREET ADDRESS	1200 E IDLEWILD AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33604			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNER, CYNTHIA R			2.2 NAME			
STREET ADDRESS	1200 E IDLEWILD AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33604			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNER, JAMES A L			3.2 NAME	D Conner, James A L		
STREET ADDRESS	5749 CROYDEN CIRCLE			3.3 STREET ADDRESS	15008 HUTCHINSON RD		
CITY-ST-ZIP	WICHITA KS 67220			3.4 CITY-ST-ZIP	TAMPA FL 33625		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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:



5/11/98

813-254-6385

CR2E034 (1097)