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

Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P97000031151 (8) ADVANTAGE LANDSCAPING SERVICES, INC. Principal Place of Business Mailing Address 4895 SMITHFIELD ROAD 4895 SMITHFIELD ROAD MELBOURNE FL 32934 MELBOURNE FL 32934 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1997 2a. Mailing Address 2. Principal Place of Business Applied For 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDSTEIN, JEFFREY H 4895 SMITHFIELD ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32934** 83 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Stalutes, 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 proted harve of respectived agent and title it apps able (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Addition NAME GOLDSTEIN, JEFFREY H 1.2 NAME 4895 SMITHFIELD ROAD STREET ADORESS 1.3 STREET ADDRESS **MELBOURNE FL 32934** CITY-SE-ZIP 1.4 CITY-S1-7IP DELETE Change noitibhA TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 3 1 TITUE 32 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CiTY-ST-ZIP CITY - ST - ZIP DELETE 61 TITLE Change ☐ Addition TITLE

14. Thereby 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 information indicated on this annual report or supplemental arrural 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 charged, or an attach, with an address of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 City-St-ZiP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

JOST GOLDHEUN

3-11-98

FILED

407-544-0826