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

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000049272

1. Corporation Name: Hand Land Maintenance, Inc.

Principal Place of Business: 2956 Rockaway Ct. Tampa FL 33610-1468
Mailing Address: 2956 Rockaway Ct. Tampa, FL 33610-1468

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2956 Rockaway Ct.
Suite, Apt #, etc.
22
City & State
23 Tampa, FL
Zip 24 33610-1468 Country 25 USA

2a. Mailing Address
26 2956 Rockaway Ct.
Suite, Apt #, etc.
27
City & State
28 Tampa, FL
Zip 29 33610-1468 Country 30 USA

3. Date Incorporated or Qualified: June 2, 1997
4. FEI Number: 59-3456103 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
William J. Hand
2816 Sabina Ct.
Tampa, FL 33610

10. Name and Address of New Registered Agent
81 Name: Gail Evans McCall
82 Street Address (P.O. Box Number is Not Acceptable): 2956 Rockaway Ct.
83
84 City: Tampa FL 85 Zip Code: 33610

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] DATE: 5-30-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William J. Hand, [illegible] 2816 Sabina Ct. Tampa, FL 33610	☒ DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/VP, Secty/Treas. Gail Evans McCall 2956 Rockaway Ct. Tampa, FL 33610-1468	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800002552388 -06/09/98--01018--047 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

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 report or supplemental 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: [signature] Gail E. McCall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
813-930-7507
Daytime Phone #