

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

FILED
Feb 24 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 # P97000055496 (8)

1. Corporation Name
HORIZONS LAWN MANAGEMENT, INC.

Principal Place of Business 11250 OLD ST. AUGUSTINE RD., STE. 15-340 JACKSONVILLE FL 32257	Mailing Address 11250 OLD ST. AUGUSTINE RD., STE. 15-340 JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12191 Silver Saddle Dr. Suite, Apt. #, etc 22 City & State 23 Jacksonville, FL 24 Zip 32258 25 Country USA		2a. Mailing Address 26 11250 Old St. Augustine Rd. Suite, Apt. #, etc 27 Ste. 15-340 28 City & State 29 Jacksonville, FL 30 Zip 32257 31 Country USA		3. Date Incorporated or Qualified 06/23/1997	
		4. FEI Number 59-3419714		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 GLENN, GRADY R 12191 SILVER SADDLE DR. JACKSONVILLE FL 32223		10. Name and Address of New Registered Agent 81 Name Glenn, Grady R. 82 Street Address (P.O. Box Number is Not Acceptable) 12191 Silver Saddle Dr. 83 84 City Jacksonville FL 85 Zip Code 32257	
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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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President + CEO	1.1 TITLE	
NAME	Grady R. Glenn	1.2 NAME	
STREET ADDRESS	12191 Silver Saddle Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32258	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Grady R. Glenn

2/17/98

(404) 880-7021

CR2E034 (10/97)