SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR REFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

| AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).  |  |   |  |  |  |
|--|--|---|--|--|--|
|  | PROFIT   | FLORIDA DEPAR   | TMENT OF STATE   |  |  |
| CORPORATION Sandra B. Mertham ANNUAL REPORT Secretary of State   |  |   | FILED  |  |  |
| }  |  |   |  | * A Course Course Course   |  |
| <del></del>  | 1998 ·   | DIVISION OF C   | ORPORATIONS  | 98 NOV 16 AM 8: 49   |  |
| DOCUMENT # P97000081189 (7)  |  |   |  |  |  |
| ļ  | A LANDSCAPE AUTHORITY  | ` '   |  | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |  |
| LOUID  | A LANDOOM & NOTHORN  | , 11401   |  |  | 11   |
| Principal Plac   | ce of Business   | Mailing Address   | <del></del>  |  |  |
| 5702 S CASSE   |  | 5702 S CASSELS ROAD   | _  |  |  |
| PLANT CITY F   |  | PLANT CITY FL 33567   |  |  |  |
| ļ  |  |   |  | DO NOT WRITE IN THIS SPACE   |  |
| ļ  |  |   |  | 3. Date Incorporated or Qualified 09/18/1997   |  |
| 2. Principal F   | Place of Business  | 2a. Mailing Address   |  | 4. FEI Number Applied For  |  |
| 21 /33C  | Virginia St.   | 26 1330 Vira  | inia St.   | 65-078/78/ Not Applicab  | le   |
| Suite, Apt.  | . #, etc.  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required  | $\neg$   |
| City & Stat  |  | City & State  |  | 6. Election Campaign Financing \$5.00 May Be   | -  |
| 23 Mulk  | Country  | 28 Mulberry   | Country  | Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible  |  |
| 24 33  | 3860 25 POIK   | 29 33860  | 30 POIK  | Personal Property Tax due June 30. Yes No  | }  |
|  | 9. Name and Address of Currer  | nt Registered Agent   | 81 Name  | 10. Name and Address of New Registered Agent   | $\Box$   |
|  | NGS, INC.  | •   |  | Indrea S. Hull   |  |
| J  | 2 N.W. 16TH STREET<br>LAUDERDALE FL 33311-4132   |   | 82 Street Add  | dress (P.O. Box Number is Not Acceptable) 702 S. Cassels Rd  | 7  |
| 1  | CHOPELIDAGE 1 E COOT 1-4 TOE   |   | 83   | 10 A U. COSJE13 NO.  | $\dashv$   |
| ļ  |  |   | 84 City  | 85 Zlp Code  |  |
| <u></u>  |  |   | " P  | 1ant (171/ FL   33.567   | ' [  |
| 11. Pursuan  | it to the provisions of sections 607.050   |   |  |  |  |
| office or  | registered agent, or both, in the State  | z and 507.1508, Plonda Statutes<br>of Florida, Such change was at   | , the above-named corp<br>ithorized by the corpora   | poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered   | $\neg$   |
| t .  | //- // -/ -/   | 2 and 607.1508, Florida Statutes<br>of Florida. Such change was at<br>attons of, section 607.0505, Flor   | , the above-named corp<br>ithorized by the corpora<br>ida Statutes.  | poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered   |  |
| office or<br>agent. I  | //- // -/ -/   | Hull  | , the above-named corporal thorized by the corporal ida Statutes.  E. Registered Agent signature re  | 9-16-98  |  |
| SIGNATURE  | Signature, typed or printed name of registered age   | ht and title if applicable. (NOT  | E. Registered Agent signature re   | 9-16-98  |  |
| SIGNATURE 12. TITLE  | Signature, typed or printed name of registered agel OFFICERS AN  | Hull<br>it and title if applicable. (NOT  | E. Registered Agent signature re 13. 1.1 TITLE   | equired when reinstating)  DATE  | on S   |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered agel OFFICERS AN D HULL, ANDREA S   | ht and title if applicable. (NOT  | E. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME  | equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | on S   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | Signature, typed or printed name of registered agel OFFICERS AN D HULL, ANDREA S 5702 S CASSELS ROAD   | ht and title if applicable. (NOT  | E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | on i   |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered agel OFFICERS AN D HULL, ANDREA S 5702 S CASSELS ROAD PLANT CITY FL 33567   | A and title If applicable. (NOT ID DIRECTORS DELETE   | E. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME  | equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  |  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Signature, typed or printed name of registered agel OFFICERS AN D HULL, ANDREA S 5702 S CASSELS ROAD   | ht and title if applicable. (NOT  | E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  |  |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed or printed name of registered age OFFICERS AN D HULL, ANDREA S 5702 S CASSELS ROAD PLANT CITY FL 33567 D  | A and title If applicable. (NOT ID DIRECTORS DELETE   | E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition  Change Addition  |  |
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