


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90269 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000081189

1. Corporation Name

FLORIDA LANDSCAPE AUTHORITY, INC.

Principal Place of Business

1330 VIRGINIA STREET
MULBERRY FL 33860

Mailing Address

1330 VIRGINIA STREET
MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

65-0781781

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HULL, ANDREA S
5702 S. CASSELS ROAD
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81

Name

William Webb

82

Street Address (P.O. Box Number is Not Acceptable)

5807 Yates Rd.

83

84

City

Lakeland

FL

85

Zip Code

33811

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

4-15-99

12. OFFICERS AND DIRECTORS

TITLE	D / Pres / Stockholder	<input checked="" type="checkbox"/> DELETE
NAME	HULL, ANDREA S	
STREET ADDRESS	5702 S CASSELS ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, WILLIAM E	
STREET ADDRESS	5807 YATES ROAD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	Secretary / Stockholder	<input checked="" type="checkbox"/> DELETE
NAME	Thomas Hull	
STREET ADDRESS	5702 S. Cassels Rd.	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Thomas Hull
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

737-1648

CR2E034 (11/98)