


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 33660	Mailing Address 1330 VIRGINIA STREET MULBERRY FL 33660
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1997	
21	26	21	26	4. FEI Number 65-0781781	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	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]* DATE **4-15-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D / Pres / Stockholder <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HULL, ANDREA S	1.2 NAME
STREET ADDRESS 5702 S CASSELS ROAD	1.3 STREET ADDRESS	CITY-ST-ZIP PLANT CITY FL 33567	1.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WEBB, WILLIAM E	2.2 NAME
STREET ADDRESS 5807 YATES ROAD	2.3 STREET ADDRESS	CITY-ST-ZIP LAKELAND FL 33811	2.4 CITY-ST-ZIP
TITLE Secretary / Stockholder <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Thomas Hull	3.2 NAME
STREET ADDRESS 5702 S. Cassels Rd.	3.3 STREET ADDRESS	CITY-ST-ZIP Plant City, FL 33567	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(l), 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: *[Signature]* DATE **4-15-99** DAYTIME PHONE # **737-1648**

CR2E034 (11/98)