

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000086683 (4)
1. Corporation Name

UNIQUE LANDSCAPING/NURSERY, INC.

Principal Place of Business
1430 NORTH WILSON AVENUE #101
BARTOW FL 33830

Mailing Address
1430 NORTH WILSON AVENUE #101
BARTOW FL 33830

98 NOV -5 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

59-3474339

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

2. Principal Place of Business

21 504 AVE 'O' N.E.

Suite, Apt. #, etc.

22 City & State

23 Winter HAVEN, FLA.

24 Zip

33881

25 County

USA

2a. Mailing Address

26 P O Box 7083

Suite, Apt. #, etc.

27 City & State

28 Winter HAVEN, FLA.

29 Zip

33881

30 County

USA

9. Name and Address of Current Registered Agent

MATHIS, HOWARD A
1430 NORTH WILSON AVENUE #101
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

82 MATHIS, HOWARD A.

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

504 AVE 'O' N.E.

84 City

Winter HAVEN

FL

85 Zip Code

33881

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 Howard A. Mathis President

Howard A. Mathis

09-27-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME MATHIS, HOWARD A
STREET ADDRESS 1430 NORTH WILSON AVENUE #101
CITY-ST-ZIP BARTOW FL 33830

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE: Howard A. Mathis President

Howard A. Mathis 09-27-98 (941) 297-9576

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