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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham &

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

P97000100000 (3)

FLORIDA LANDSCAPE ASSOCIATES OF TAMPA. INC.

Principal Place of Business Mailing Address 15101 RACE TRACK RD 15101 RACE TRACK RD ODESSA FL 33558 ODESSA FL 33556 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | 1/2 1/ 1997 2. Principal Place of Business ✓ Applied For 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAN VULPEN, JOHN 15101 RACE TRACK RD 82 Street Address (P.O. Box Number is Not Acceptable) ODESSA FL 33556 83 84 Zip Code 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE JOHN VAN VULPEN NAME 1.2 NAME 5101 Race Track P STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- 2IP TITLE DELETE 2.1 TITLE L Addition Anna Borgan NAME 2.2 NAME STREET ADDRESS 101 Race Track Ro 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 of suppliemental auriual 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 of true to provide empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILED

Feb 25 1998 8:00am

Secretary of State

Change

Change

Addition

Addition