

09231999-90004-040-\$558.75-\$558.75

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OCTOBER 1, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

| | | | |
|--|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000009680 1. Corporation Name GREEN SIDE UP LANDSCAPE AND SOD, INC. | | | |
| Principal Place of Business 5811 ROYAL PALM BEACH BLVD. WEST PALM BEACH FL 33411 | | Mailing Address P.O. BOX 87 LOXAHATCHEE FL 33470 | |

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 12 AM 9:09



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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1998 4. FEI Number 105-0807259 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| 9. Name and Address of Current Registered Agent MILSTEAD, MANDY L 5811 ROYAL PALM BEACH BLVD. WEST PALM BEACH FL 33411 | | | | | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|---------------------------------|--|---|--|---|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MILSTEAD, MANDY L | | | 1.2 NAME | | | |
| STREET ADDRESS | P.O. BOX 87 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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)(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:

Mandy Milstead, Director
 MANDY MILSTEAD, DIRECTOR

Date

Daytime Phone #

561-798-2727

CR2E034 (5/99)