FILED Jul 30, 2002 8:00 am Secretary of State 05-28-2002 91754 032 ***150.00

FOR PROFIT CORPORATION. UNIFORM BUSINESS REPORT (ÜBR)

Winter Haven, F1. Winter Haven, F1. 59–3578661 Not A Zip 33884 County Polik \$33884 Polik \$. Certificate of Status Desired \$8.75 Addition For Required Polik To Name and Address of Current Registered Agent				6	Г# Р9900004474	JMENT	DOCU
2. Principal Place of Business 2103 Autumn Leaf Lane Sulle, Apt. #. etc. City & State Winter Haven, Fl. Zip 33884 County Polk Tounty Polk Signature DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE ONTH Polk Street Address #0.0 Boy Aumper is Not Acceptable City Line Line City Line				. \	& GARDENS, INC	r Lawns	FINE
2103 Autumn Leaf Lane Suile, Apt. #, etc. City & State Winter Haven, F1. City & State Winter Haven, F1. Zip 33884 County POIK DO NOT WRITE City & State Winter Haven, F1. County POIK DO NOT WRITE IN THIS SPACE City & State Winter Haven, F1. County POIK Sales County POIK S. Certificate of Status Desired Street Address of Current Registered Agent Name Cayland F. Viny County Street Address, PO. Box Number is Not Acceptable) City Abut The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Heverly, Gayland E. This coproration is eligible to satisty its Intangle Taking requirement and elects to do so After May 1, Fee is \$150.00 After May		40188	DO NOT WRITE IN THIS SPACE				
Winter Haven, F1. Winter Haven, F1. 59–3578661 Not A Zip 33884 Polik 33884 Country Polik 33884 Polik 5. Certificate of Status Desired 58.75 Addition Fee Required T. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent Street Address (P.D. Boy Number is Not Acceptable) Street Address (P.D. Boy Number is Not Acceptable) City Laven		DO NOT WRITE IN THIS SPACE	f Lane	2103 Autumn Le		2103	
Signature Signature Secretarian on back Secretarian on bac		E0 3570661					
DO NOT WRITE IN THIS SPACE City Street Address, (P.O. Box Number is Not Acceptable)		S Cartificate of Status Desired S8.75 Additions		· · · · · · · · · · · · · · · · · · ·			
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable)	_	· •			1		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Heverly, Gayland E. Signature, piece or primiting an entitle in applicable. (NOTE: Registered Agent signafure required when reimstating) 3 8 4 DATE 9. This corporation is eligible to satisfy its Intancipale Tast siring requirement and elects to do so. (See criteria on back) Intermediate Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 Note: Registered Agent signafure required when reimstating) 3 8 4 DATE 11. OFFICERS AND DIRECTORS INTEREST ADDRESS CITY ST-ZIP ITTLE NAME NAME NAME NAME NAME TITLE NAME		ss.P.O. Box Number is Not Acceptable)	- (<u>9</u> a	•			
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NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME Heverly, Gayland E. 2103 Autumn Leaf Lane STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME				RECTORS	OFFICERS AND D	٦,	
TITLE TITLE NAME NAME	CR2E034B (12/01)		NAME Street address		Autumn Leaf Lane	Heverl 2103 A	NAME Street address
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(\$X); Fit at a Statutes. I further certify that the information supplied with t			IAME Treet adoress ITY-ST-ZIP		. 15.		NAME STREET ADDRESS CITY-ST-ZIP

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as a pade that it 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 11 or on an attachment with an address, with all other like empowered.