FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S43229 (1)

1. Corporation Name
ALL AMERICAN LAWN & GARDEN CARE, INC.

Principal Place of Business	Mailing Address
2225 NURSERY ROAD NO. 11-102 CLEARWATER FL 34624	2225 NURSERY ROAD NO. 11-102 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1991
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business
21: 567 4th St S.W
22 Suite, Apt. #, etc.:
23 City & State: Largo, Fl
24 Zip: 34640
25 County: Pinellas

2a. Mailing Address
26: 567 4th St. S.W
27 Suite, Apt. #, etc.:
28 City & State: Largo Fl
29 Zip: 34640
30 County: Pinellas

4. FEI Number: 59-3067481 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCFATHER, FRANK W.
2225 NURSERY ROAD
NO. 11-102
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Frank W McFather
82 Street Address (P.O. Box Number is Not Acceptable): 567 4th St SW
83:
84 City: Largo FL 85 Zip Code: 34640

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: Frank W. McFather PTD — 4-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☑ Change ☐ Addition
NAME	MCFATHER, FRANK W.	1.2 NAME	Frank W McFather	
STREET ADDRESS	2225 NURSERY RD, #11-102	1.3 STREET ADDRESS	567 4th St. S.W	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Largo, Fl. 34640	
TITLE	VPS	2.1 TITLE	VPS	☑ Change ☐ Addition
NAME	MCFATHER, SUSAN L.	2.2 NAME	Susan L McFather	
STREET ADDRESS	2225 NURSERY RD, #11-102	2.3 STREET ADDRESS	567 4th St. SW	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Largo, Fl 34640	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Frank W McFather Frank W McFather PTD 4-25-95 813-588-9657
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0359221 CP