FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

APPROVED AND FILED

1 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S54647 (O)

1. Corporate Name

ADVANCED LANDSCAPE SERVICES, INC.

Principal Place of Business	Mailing Address
8818 SHERMAN MOUNTAIN RD CHEYENNE WY 82009	8818 SHERMAN MOUNTAIN RD CHEYENNE WY 82009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1991	3a. Date of Last Report: 10/11/1994
4. FEI Number: 65-0267705	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 is currently qualified for exemption ... Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business — 21 Street Address; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address — 26; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARLES, DAVID J 11767 S DIXIE HWY SUITE 112 MIAMI FL 33156-4438	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ Change ☐ Addition
NAME	GILARSKI, STUART	
STREET ADDRESS	6160 PLAINS DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VTD	☐ Change ☐ Addition
NAME	GILARSKI, TRUDI	
STREET ADDRESS	6160 PLAINS DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Trudi L. Gilarski, Vice President 5/1/95 307-635-4960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0491145 FN