FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S58409** **(1)**

1. Corporation Name
ULTIMATE LAWNS, INC.

Principal Place of Business
~~100 HIBISCUS LN~~
~~KISSIMMEE FL 34743~~

Mailing Address
~~100 HIBISCUS LN~~
~~KISSIMMEE FL 34743~~

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3068988 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1970 ALADDIN CT.	26 P.O. BOX 700562
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. CLOUD, FLORIDA	City & State 28 ST. CLOUD, FLORIDA
Zip 24 34771 — Country 25 OSCEOLA	Zip 29 34770 — Country 30 OSCEOLA

9. Name and Address of Current Registered Agent
~~HUMPHREY BRAD~~
~~100 HIBISCUS LANE~~
~~KISSIMMEE FL 34743~~

10. Name and Address of New Registered Agent
81 Name: CHANCE W. MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 1970 ALADDIN CT.
83
84 City: ST. CLOUD — FL — 85 Zip Code: 34771

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: CHANCE W. MILLER Chance W. Miller — 5-16-96
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	~~PD~~	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~HUMPHREY, BRADLELY A.~~		1.2 NAME	MILLER, CHANCE W.	
STREET ADDRESS	~~100 HIBISCUS LN~~		1.3 STREET ADDRESS	1970 ALADDIN CT.	
CITY-ST-ZIP	~~KISSIMMEE FL~~		1.4 CITY-ST-ZIP	ST. CLOUD, FL. 34771	
TITLE	~~D~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~WALTZ, DYLAN~~		2.2 NAME		
STREET ADDRESS	~~100 HIBISCUS LN~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~KISSIMMEE FL~~		2.4 CITY-ST-ZIP		
TITLE	~~V~~	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~HUMPRHEY, RICARD~~		3.2 NAME		
STREET ADDRESS	~~4055 SUBURBAN DRIVE~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~WATERLOO IA~~		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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)(k), 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: CHANCE W. MILLER Chance W. Miller — 5-16-96 — 407-892-4178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)