SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State NO OF CORPORATIONS DOCUMENT #
1. Corporation Name TWO GUYS LAWN CARE CORPORATION Mailing Address Principal Place of Business 3618 THOMASVILLE RD. -2560 RUMBA COURT-3618 THOMASVILLE RD. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3a. Date of Last Report 3. Date Incorporated or Qualified U\$ 08/27/1991 06/23/1995 Applied For 4. FEL Number 2. Principal Place of Business 2a. Mailing Address 59-3083422 Not Applicable 3618 Thomaskille Rd 26 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 19119 5055 8. This corporation has liability for intangible tax under s. 199 032, Country Yes No Florida Statutes 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GAZIOCH, FRANK U. **B2** 2500 RUMBA-CT. 3618 THOMASVILLE RD. 83 TALLAHASSEE FL 32308 Zip Code 3,3,0,2 85 84 1911ahasser 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 lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. trank Gazioch, D 6-20-96
ertsgedue request wen restaten):
Day SIGNATURE (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 TIFLE TITLE **PVST** CR2E034 1.2 NAME GAZIOCH, FRANK NAME 3618 THOMASVILLE, RD. 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY - \$1 - ZiP Change Addition DELETE TITLE 3.1 TiTLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 Tille TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CiTY - \$1 - ZiP CITY-ST-ZIP Change Addition DELETE 6.1 HälE TITLE 62 NAME 6.3 STREET ADORESS STREET ADDRESS 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP Frank Fazioch, P 6-20-96 566-1544

YPED OF PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE: