FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # ANTHONY'S LAWN CARE SERVICE, INC. Mailing Address Principal Place of Business c/o Oakley Gentry, Jr. 1500 NW 49 St., Ste 609 Oakley Gentry, Jr. 1500 NW 49 St., Ste 609 3a. Date of Last Report Ft. Lauderdale, FL 33309 3. Date Incorporated or Qualified Ft. Lauderdale, FL 33309 10/14/1991 05/01/1995 Applied For 2a. Maling Address 2. Principal Place of Business 65-031.9420 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, . Country Zι¢ Country Zφ Yes XX No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GENTRY, OAKLEY JR. Street Address (P.O. Box Number is Not Acceptable) 1500 NW 49th St., Suite 609 Ft. Lauderdale, FL 33309 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes DATE SIGNATURE (NOTE: Registered Apint signature required when reliebating) Signature, typed or protection to of registered agent and the may or label CR2E034 (12/95) ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change DELETE 1.111116 TITLE **PST** 1.2 NAME NAME LUPETIN, ALDO 13 STREET ADDRESS STREET ADDRESS 4390 N.W. 42nd St. 1.4 CITY - ST - ZIF Fort Lauderdale, FL 33319 Addition CITY - ST - ZIP Change 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST.- ZIP CITY - ST - ZIP ☐ Change Addition DELETE 3 1 1111 E TITLE 3.2 NAME NAME 3.3 STREET ACCORESS STREET ADDRESS 3 4 CITY - ST - AP CITY - ST-ZIP **300001**18079時等。 -05/06/96--01011--008 DELETE 4, 1 TITLE TITLE 4.2 NAME NAME ***200.00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP Addition CHTY - ST - ZIP Change DELETE 5 1 1111.6 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZiP Addition CITY-ST-ZIP Change DELETE 6 1 ITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- 7P seand does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further report is true and accurate and that my signature shall have the same legal effect as if made under impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name CHY-ST-ZIP 14. I do hereby certify that the information certify that the information indicated coath; that I am an officer or disactor of with this filing is olymtarily furnisty mental ann appears in Block 12/o (305) 486-8409 SIGNATURE