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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:42

DOCUMENT # V16974 (0)

1. Corporation Name
GREEN LIFE LAWN CARE, INC.

Principal Place of Business
3674 WOODS WALK BLVD
LAKE WORTH FL 33467

Mailing Address
3674 WOODS WALK BLVD
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1992
3a. Date of Last Report: 01/25/1994

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

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

4. FEI Number: 65-0317656 — 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

9. Name and Address of Current Registered Agent
SALLEY, DAVID A.
3674 WOODS WALK BLVD
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent
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 607.0505 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

12. OFFICERS AND/OR DIRECTORS
TITLE: P
NAME: SALLEY, DAVID
STREET ADDRESS: 3674 WOODS WALK BLVD
CITY, ST, ZIP: LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 19
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and has not been paid for the mandatory statutory fee pursuant to Section 607.0505, Florida Statutes. I further certify that the information shown on the annual report or supplemental annual report filed with this certificate shall be the same as the last filed annual report. I further certify that my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State may subject me to criminal penalties. I hereby certify that I am an officer or director of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or my title is affixed with an asterisk.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1-9-95 (407)433-0798
Date Daytime Phone #

0272015 CP