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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V55745 (6)

1. Corporation Name

SOUTHERN EXPOSURE LAWN MAINTENANCE AND LANDSCAPI NG, INC.

Principal Place of Business	Mailing Address
4625 OLD WINTER GARDEN RD STE B4 ORLANDO FL 32811 US	4625 OLD WINTER GARDEN RD STE B4 ORLANDO FL 32811 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1992
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 9106 Pristine Circle
22: Suite, Apt. #, etc.
23: City & State: Orlando Fl
24: Zip: 32818 25: Country: USA

2a. Mailing Address
26: P.O. Box 680268
27: Suite, Apt. #, etc.
28: City & State: Orlando Fl
29: Zip: 32868 30: Country: USA

4. FEI Number: 59-3138460 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRAMPE, ROBERT
4625 OLD WINTER GARDEN RD
STE B4
ORLANDO FL 32811

10. Name and Address of New Registered Agent

91 Name: Trampe, Robert
92 Street Address (P.O. Box Number is Not Acceptable): 9106 Pristine Cir.
93:
94 City: Orlando FL 95 Zip Code: 32818

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 _____ 4/27/95
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 / NAME / STREET ADDRESS / CITY ST ZIP	D TRAMPE, ROBERT 4625 OLD WINTER GARDEN RD, STE B4 ORLANDO FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	V Trampe, Robert 9106 Pristine Cir. Orlando Fl 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BRESCIA, CHARLES 4625 OLD WINTER GARDEN RD, STE B4 ORLANDO FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	P Brescia, Charles 9106 Pristine Cir Orlando Fl 32818	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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)(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: Charles Brescia 4/27/95 (407)291-4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069522 CP