I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 03/24/2017

STD

SIGNATURE: STEPHANIE P. HARDEMAN

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41357

Entity Name: HARDEMAN LANDSCAPE NURSERY, INC.

Current Principal Place of Business:

2207 NORTH A ST TAMPA, FL 33606

Current Mailing Address:

P. O. BOX 1980 SEFFNER, FL 33583 US

FEI Number: 59-3017629

Name and Address of Current Registered Agent:

DRUMMOND, TEMPLE 6987 E. FOWLER AVE. TAMPA, FL 33617 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE | IGNATURE: TEMPLE DRUMMOND | | | 03/24/2017 | |
|---------------------------|--|-----------------|------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | PVD | Title | STD | | |
| Name | HARDEMAN, JEFFREY W. | Name | HARDEMAN, STEPHANIE P. | | |
| Address | 3505 N GALLAGHER ROAD | Address | 3505 N GALLAGHER ROAD | | |
| City-State-Zip: | DOVER FL 33527 | City-State-Zip: | DOVER FL 33527 | | |
| | | | | | |

Certificate of Status Desired: Yes

FILED Mar 24, 2017 Secretary of State CC9117851175

Date