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

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F19739** **(4)**

1. Corporation Name

PIONEER LANDSCAPING & IRRIGATION, INC.

Principal Place of Business:
2689 DAKOTA DR.
P.O. BOX 277
ORANGE CITY FL 32774-7277

Mailing Address
2689 DAKOTA DR.
P.O. BOX 277
ORANGE CITY FL 32774-7277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1981
3a. Date of Last Report: 05/01/1994

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

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

4. FEI Number: 59-2090463
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 Ch. 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HEIMSOTH, JOAN C.
2010 SARAGOSSA DRIVE
DELAND FL 32724

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 Section 607.0505 and 607.0506 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 DIRECTORS

TITLE	P
NAME	HEIMSOTH, JOAN C
STREET ADDRESS	2010 SARAGOSSA DRIVE
CITY, ST, ZIP	DELAND, FL 32724
TITLE	V
NAME	MCDONALD, RICHARD A
STREET ADDRESS	2010 SARAGOSSA DR
CITY, ST, ZIP	DELAND FL
TITLE	S
NAME	WESTON, JAMES A
STREET ADDRESS	2689 DAKOTA DR
CITY, ST, ZIP	DELAND FL
TITLE	T
NAME	WESTON, LAURIE L
STREET ADDRESS	2689 DAKOTA DR
CITY, ST, ZIP	DELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, updated and does not qualify for the mandatory filing fee [illegible] Florida Statutes. Further, I hereby certify that the information supplied with this report is true and complete 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 [illegible] Florida Statutes, and that my name appears above, or on attachments hereto, in my capacity as shown hereinabove.

SIGNATURE: Laurie Weston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95 904-775-6317
DATE TELEPHONE

0410778 FP