FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

PIONEER LANDSCAPING & IRRIGATION, INC.

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

3. Date Incorporated or Qualified: 02/13/1981
3a. Date of Last Report: 05/01/1995

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: 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. This corporation has liability for intangible tax under s. 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: WESTON, JAMES A.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2689 DAKOTA DR.
84 City: DELAND FL 85 Zip Code: 32724

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: James A. Weston (Signature required from the former registered agent and the new agent.) 5-29-96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HEIMSOTH, JOAN C		1.2 NAME	WESTON, JAMES A.	
STREET ADDRESS	2010 SARAGOSSA DRIVE		1.3 STREET ADDRESS	2689 DAKOTA DR	
CITY-ST-ZIP	DELAND, FL 32724		1.4 CITY-ST-ZIP	DELAND FL 32724	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	MCDONALD, RICHARD A		2.2 NAME	HEIMSOTH, JOAN C.	
STREET ADDRESS	2010 SARAQOSSA DR		2.3 STREET ADDRESS	RT 1 BOX 70-D	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	BAKERVILLE N. CAR. 28705	
TITLE	S	☐ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	WESTON, JAMES A		3.2 NAME	WESTON LAURIE L.	
STREET ADDRESS	2689 DAKOTA DR		3.3 STREET ADDRESS	2689 DAKOTA DR	
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	DELAND FL 32724	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WESTON, LAURIE L		4.2 NAME		
STREET ADDRESS	2689 DAKOTA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: James A. Weston 5-29-96 904 775-6327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #