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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # F19739 (4) 1. Corporation Name # F19739 (4) PIONEER LANDSCAPING & IRRIGATION, INC. Principal Prace of Business Mailing Address								
2689 DAKOTA DR. P.O. BOX 277			2689 DAKOTA DE P.O. BOX 277	R.		1		
ORANGE CIT	Y FL 32774-7277		ORANGE CITY FL	L 32774		3. Date Incorporated or Qualified	3a. Date of Le	•
2 Principal	Place of Busine	ee	2a. Mailing Addr	rASS		02/13/1981 4. FEI Number	06/04/19	Applied For
21	THE OF ENGINE		26	1003		59-2090463	ļ	Not Applicable
Suite, Ap	t #, etc.		Suite, Apt #,	, etc.		5. Certificate of Status Desired		75 Additional
City & St	nto		Crty & State	,,			Fe	e Required
23	ate		28			6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip		Country	Zip		Country	8. This corporation has liability for		
24	2		29	30			Yes No	
		·····	rent Registered Agent		81 Name	10. Name and Address of New Ro	egistered Agent	
	eston, Jame: 89 dakota d							····
	LAND FL 327				82 Street Ad	dress (P.O. Box Number is Not Acceptal	ble)	
-		- 1			83			
					84 City		85	Zip Code
					14.1 4.3			•
11. Pursuar	nt to the provisio	ris of Sections 607.	0502 and 607.1508, Flori	da Statutes.	the above-named co	orporation submits this statement for the	purpose of chang	ing its registered
11. Pursuar office o agent. I						orporation submits this statement for the ration's board of directors. I hereby acce	purpose of chang pt the appointmen	ing its registered nt as registered
SIGNATURE		printed name of negistration	0502 and 607.1508, Flori ate of Florida. Such char oligations of, Section 607 agent and title if applicable. AND DIRECTORS		egistered Agent signature rec	quired when reinstating)	purpose of chang pt the appointment	
SIGNATURE		printed name of negistration	l agent and title if applicable. AND DIRECTORS				purpose of chang pt the appointment DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. IIILE	Signature, typed of P WESTON,	OFFICERS JAMES A.	l agent and title if applicable. AND DIRECTORS	(NOTE: Re	egistered Agent signature rec	quired when reinstating)	purpose of chang pt the appointment DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 11. TITLE NAME	P WESTON, S 2689 DAK	OFFICERS JAMES A. OTA DR	l agent and title if applicable. AND DIRECTORS	(NOTE: Re	egistered Agent signature rec 13.	quired when reinstating)	purpose of chang pt the appointment DATE CERS AND DIREC	TORS IN 12
SIGNATURE 12. THE NAME STREET ADDRES CITY - ST - ZIP	P WESTON, 2689 DAK DELAND, I	OFFICERS JAMES A. OTA DR	agent and fitle if applicable AND DIRECTORS	(NOTE R	egistered Agent signature for 13. 1.1 VITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	quired when reinstating)	purpose of changing the appointment of the appointm	CTORS IN 12 ange Addition
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	P WESTON, S 2689 DAK	OFFICERS JAMES A. OTA DR FL 32724	agent and title if applicable. AND DIRECTORS	(NOTE R	eg-stered Agent signature for 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	quired when reinstating)	purpose of chang pt the appointment DATE CERS AND DIREC	CTORS IN 12 ange Addition
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May 16 1997 8:00am

Secretary of State