## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**FILED** Feb 18 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1997 **DOCUMENT # J82538** STEVE LAKE'S LANDSCAPE MAINTENANCE, INC. Principal Place of Business Mailing Address 1203 MYRTLE ROAD P.O. BOX 740 VALRICO FL 33595-0740 VALRICO FL 33594 3. Date incorporated or Qualified 3a. Date of Last Report 04/16/1996 07/14/1987 2. Principal Place of Business 21 4905 CLEJE MYSHE LW. 4. FEI Number 2a. Mailing Address Applied For 59-2832662 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAKE, STEPHEN L. 1203 MYRTLE ROAD Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 City 85 Zip Code ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered lites. s of Sections 607.0502 and 607.1508, Florida Statutes, the a , or both, in the State of Florida. Such change was authorize and accoppl the obligations of, Section 607.0505. Florida Sta 11. Pursuant to the provision office or registered ag agent. I am familiar SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ DELETE 11 TITLE LAKE, STEPHEN L. 1.2 NAME NAME 1203 MYRTLE RD. 1.3 STREET ADDRESS STREET ADDRESS **VALRICO FL** CITY-ST-ZIP 14 CITY - ST-ZIP DELETE Change Addition 21 TITLE TITLE LAKE, STEPHEN L. 2.2 NAME 1203 MYRTLE RD. 2.3 STREET ADDRESS STREET ADDRESS VALRICO FL 2 4 CITY - ST- ZIP CITY-ST-ZIP Addition Change □ DELETE 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6 4 CITY - ST - ZIP CITY-ST-7IP 14. I do hereby certify that the information supplied with this filing 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 conformation or the receiver or trustee I impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, of on an attache ent with an address.