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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65599

(6)

STEVE'S LANDSCAPING, INC.

FILED Apr 30 1997 8:00am Secretary of State



- Francipal Mar	ce of Business	Mail	ling Address				J FARTI FOR THE BAND DATE OF THE BAND	iau bibi filli		
% MARK S. I	MCCOLSKEY	% (% MARK S. MCCOLSKEY 10634 HEARTHSTONE DR.							
10834 HEARTHSTONE DR. JACKSONVILLE FL 32257			JACKSONVILLE FL 32257-3326				3. Date Incorporated or Qualified			•
2. Principa f	Place of Business	26.	Mailing Address				4. FEI Number			Applied For
21		26					59-2868012			ot Applicable
Suite. Apt	#, etc		Suite, Apt. #, etc				5. Certificate of Status Desired			Additional
22	v., , , , , , , , , , , , , , , , , , ,	27								Required
City & Stat	dó	├ ¬	City & State				6. Election Campaign Financing			May Be
23	Country	28	Zip		ountry		Trust Fund Contribution			to Fees
Ζην 24]	ļ	29	2.11,7	30	ounity		This corporation has liability to Florida Statutes	or intangible Yes		s. 199.032,
[4]	25 9. Name and Address of Co		ered Agent	30			10. Name and Address of New I			
M	COLSKEY, MARK S.				81	Name				
	634 HEARTHSTONE DR.				82	Ct	dress (P.O. Box Number is Not Accept	- hlal		
	CKSONVILLE FL 32223				02	Street Ad	dress (F.O. Box Number is Not Accept	aolej		
40.0					83	, 				····
					-				1251 7	
					84	City		FL		Code
	t to the provisions of Sections 607 registered agent, or both, in the ar Nahillar Ath, and accepting	digations of	Godfon 607.050	5, Florida S	statutes	3 .				
SIGNATURE	Signature, typed or printed name of register	ed agent and title if	and icable	(NOTE: Registe	ered Age		quired when reinstating)	DATE		
SIGNATURE	Signature, typed or painted name of register OFFICERS	Lc18	e Ticgille TORS	(NOTE: Registe	ered Age			DATE	DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Slip deire, type d or perahed name of register OFF ICERS	ed agent and title if	and icable	(NOTE: Registe	ered Age 3. 1 TITLE		quired when reinstating)	DATE		DRS IN 12
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If do hereby certaly that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: Mark 5: MECHEN WINDOW S.M. Colekey 4/21/97 504-262-4397