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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(6)

STEVE'S LANDSCAPING, INC.

## **FILED** May 06 1998 8:00am Secretary of State

MSM DIRT SERVICES, IVC. FOR Mailing Address  Mailing Address				
Principal Place of Business	Mailing Address	<u> </u>		Diffin Butter Arabit Allain Alfait (A Al
% MARK S. MCOOLSKEY	% MARK S. MCCOLSKE			
10834 HEARTHSTONE DR. JACKSONVILLE FL 32257	10634 HEARTHSTONE D		DO NOT WRITE IN TH	IÓ ÉDACE
JACKSUMVILLE PL 32257	JACKSONVILLE FL 3225	1	3. Date Incorporated or Qualified	15 SPACE
		•	01/20/1988	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2868012	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8,75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Ζip	Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
MCCOLSKEY, MARK S.		81 Name		
10634 HEARTHSTONE DR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32223		99		
		83		
		84 City		85 Zip Code
44 . D			F	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statute of Florida. Such change was∡	es, the above-named corpora- authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered   ppointment as registered
office or registered agent, or both, in the State of agent. I am Jahiliar with, and accept the obligat	ions of, Section 607.0509	orida/Statutes. MC		11/10/00
SIGNATURE MARK S. YMCO/&	Key Ma	K 5/11-C	down RESIDER	4/16/98
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE, typed or printed harmon of togestered agend	KEY applicable (NOTE	Registered Agent signature requi	CASUS TRESPOTATO DATE	4/16/98
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indicated on this annual report or 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 corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 an at altrachment with an address.