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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055166 (9)

STEWART'S LAWN, LANDSCAPE & IRRIGATION, INC.

Principal Place of Business	Mailing Address				
1270 W LAKE BRANTLEY RO LONGWOOD FL 32779-5830	1270 W LAKE BRANTLEY RD LONGWOOD FL 32778-5830				
A D					
2. Principal Place of Business	2a. Mailing Address				

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							. contradt red câtat Britt Adlei Baliji (\$1(1) A	12191 <b>2</b> 17	DI <b>W</b> 1( <b>W</b> 1   )	DIO PIETO BILL	1871	
1270 W LAKE BRANTLEY RD 1270 W LAKE BRANTLEY RD												
LONGWOOD FL 32779-5830 LONGWOOD FL 32779-5830						DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or Qualified		3. 1102			
							07/14/1995					
2. Principal F	Place of Business	20	. Mailing Address				4. FEI Number			Applied	For	
21		26					59-3317884			Not App		
Suite, Apt. #, etc. Suite, Apt. #,							5. Certificate of Status Desired	¬	\$8.75 Additional			
22		27	· · · · · · · · · · · · · · · · · · ·				Certificate of Statos Desired		Fe	e Require	d	
City & State City & State							6. Election Campaign Financing		\$5.00 May Be			
Zip Country			- · · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution					
24 25		201	Ζφ <b>29</b>		Intry	′	8. This corporation owes or has paid the current year In Personal Property Tax due June 30.					
	9. Name and Address of Curre		tered Agent	30			Personal Property Tax due June 30.  10. Name and Address of New Regist			∐ No		
ST	EWART, DONALD E				81	Name	19. The red reduced of flow flogist	10100	-gont			
	70 W LAKE BRANTLEY RD			;	_	A						
LONGWOOD FL 32779-5830					82	Street Addr	ress (P.O. Box Number is Not Acceptable)					
					83							
					84	City		FL	85	Zip Code		
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statu	tes, the al	DOVE	e-named corp	poration submits this statement for the purplion's board of directors. I hereby accept the	ose of	changi	ng its regi	stered	
office or r	registered agent, or both, in the Stat im familiar with, and accept the obtion	e of Florid Dations o	da. Such change was f. Section 607.0505. Fl	authorized orida Stat	d by utes	the corporat	tion's board of directors. I hereby accept the	е арр	ointmer	it as regist	lered	
SIGNATURE			, , , , , , , , , , , , , , , , , , , ,			•						
	Signature, typed or printed name of registered as			If Registered	i Age	ent signature requir	red when reinstating)	DATE				
12.	OFFICERS AN	ID DIREC		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS	S AND				
TITLE	O STEWART DOMAIN S		☐ DELETE	1.1 TC					L Cha	nge 🔲 /	Addition	
NAME	STEWART, DONALD E 1270 W LAKE BRANTLEY R			1.2 NA								
STREET ADDRESS	LONGWOOD FL 32779-5830					ADORESS						
CITY-ST-ZIP TITLE	LONGHOOD FL 3277#3030	<u>'</u>	DELETE	1.4 CF 2.1 Til		T - ZIP			☐ Chai		Addition	
NAME				2.2 NA					LI GIA	iye Lir	AUGILION	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				2.4 C								
TITLE			DELETE	3.1 717		ZY - E.IT			Char	ngė 🗔 A	Addition	
HAME				3.2 NA						. <u>.</u>		
STREET ADDRESS						ADORESS						
CITY-ST-ZIP				3.4. CI								
TITLE			DELETE	4.1 TIT					Char	nge 🔲 /	Addition	
NAME				4.2 N	AME							
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP				4.4 CR	[Y-\$]	T-ZIP						
TITLE			☐ DELETE	51717	Lŧ				Char	ige 🔲 A	Addition	
NAME				5.2 NA	ME							
STREET ADDRESS				5.3 ST	REET.	ADDRESS						
CITY-ST-ZIP				5.4 CIT		T-ZIP						
TITLE			☐ DELETE	6.1 T(T					L Char	nge 🛄 A	Addition	
NAME				6.2 NA								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				6.4 CIT	Y-\$1	T-ZIP						

I 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 corporation of who 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 charged, or onlar affectment with an address

SIGNATURE:

407 865-6545