

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

Pg. 182

97 AUG 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000067143 (3)**

1. Corporation Name

STEVE MCHUGH LANDSCAPE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**3232 NORTHWEST 107TH DRIVE
SUNRISE FL 33351**

**3232 NORTHWEST 107TH DRIVE
SUNRISE FL 33351**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/09/1996

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MCDUFF, ELIZABETH G ESQ.
ONE SOUTHEAST THIRD AVE.
SUITE 2450
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box or Mailing Address) **500002270285--1**

-08/18/97--01135--018

******165.00 ****165.00**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MCHUGH, STEPHEN F**
STREET ADDRESS **3232 NORTHWEST 107TH DRIVE**
CITY-ST-ZIP **SUNRISE FL 33351**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

CR2E034 (4/97)

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STEVE Mc HUGH LANDSCAPE ENTERPRISES, INC.
8/7/97

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEAR SIR/MADAM,

FOLLOWING A PHONE CALL TO YOUR DEPARTMENT AND INSTRUCTIONS FROM SAME, I AM SUBMITTING THE FOLLOWING INFORMATION FOR YOUR CONSIDERATION.

I NEVER RECEIVED AN INITIAL OR 1ST. NOTICE FOR THE ANNUAL REPORT. I DID RECEIVE THE 2ND. NOTICE ONLY, A FEW DAYS AGO.

I WAS DIAGNOSED AS HAVING OPERABLE CANCER THE FIRST PART OF APRIL AND SINCE THAT TIME I HAD TO TAKE LEAVE OF ABSENCE FROM MY BUSINESS FOR MANY TESTS AND EXAMS, CULMINATING WITH MAJOR SURGERY FROM WHICH I AM IN A RECOVERY SITUATION UNTIL MID-AUGUST. I WILL BE HAPPY TO FURNISH ANY VERIFICATION FROM DOCTORS OR HOLY CROSS HOSPITAL THAT YOU MAY REQUIRE.

PER THE INSTRUCTIONS FROM YOUR DEPARTMENT, I AM SUBMITTING MY REPORT AND MY CHECK FOR \$165.00. I WOULD VERY MUCH APPRECIATE YOUR CONSIDERATION AND FAVORABLE ACTION ON THIS REQUEST TO ACCEPT THIS REPORT AS RESPONSE TO YOUR NORMAL TIME REQUIREMENTS.
THANK YOU!
SINCERELY,