

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Sep 24 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morfitt
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000016057 (6)
 1. Corporation Name
 LUNNY'S TURF & LANDSCAPE, INC.



Principal Place of Business: 1780 GEIGEL AVE, ORLANDO FL 32806
 Mailing Address: 1780 GEIGEL AVE, ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date incorporated or Qualified: 02/17/1997
 4. FEI Number: 59-3438842
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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

9. Name and Address of Current Registered Agent: LUNNY, CHRISTOPHER, 1780 GEIGEL AVE, ORLANDO FL 32806

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LUNNY, CHRISTOPHER	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1780 GEIGEL AVE	CITY-ST-ZIP: ORLANDO FL 32806	1.2 NAME:	
TITLE: VD	NAME: LUNNY, ADIREME V	1.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1780 GEIGEL AVE	CITY-ST-ZIP: ORLANDO FL 32806	1.4 CITY-ST-ZIP:	
TITLE: SD	NAME: MOORE, MARIA	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1780 GEIGEL AVE	CITY-ST-ZIP: ORLANDO FL 32806	2.2 NAME:	
TITLE: TD	NAME: MOORE, LARRY	2.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 1780 GEIGEL AVE	CITY-ST-ZIP: ORLANDO FL 32806	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. 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 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: _____ DATE: 09-25-98 (407) 967-4110

CR2E034 (5/98)