

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90025 017 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000016057

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>1787 Geigel Ave</i>	2a. Mailing Address 26 <i>1787 Geigel Ave</i>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <i>Orlando FL 32806</i>	28 City & State <i>Orlando FL</i>
24 Zip <i>32806</i>	29 Zip <i>32806</i>
25 Country <i>USA</i>	30 Country <i>USA</i>

3. Date Incorporated or Qualified 02/17/1997	
4. FEI Number 59-3438842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Name <i>Lunny Christopher</i>		
82 Street Address (P.O. Box Number is Not Acceptable) <i>1787 Geigel Ave</i>		
83		
84 City <i>Orlando</i>	85 State FL	86 Zip Code <i>32806</i>

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUNNY, CHRISTOPHER	
STREET ADDRESS	1780 GEIGEL AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUNNY, ADIREME V	
STREET ADDRESS	1780 GEIGEL AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOORE, MARIA	
STREET ADDRESS	1780 GEIGEL AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOORE, LARRY	
STREET ADDRESS	1780 GEIGEL AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Christopher Lunny* **Christopher Lunny** 4-27-99 (407)857-4823
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)