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 # S19224

(2)

FILED Jan 22 1998 8:00am Secretary of State

HUNTER LAWN AND LANDSCAPE, INC.									
}									
Principal Place of Business		Mailing Address					······································)	THE PLANT SHALL
508 HARLAND AVE PO BOX 510425			00054		İ	1			
		MELBOURNE BEACH FL	MELBOURNE BEACH FL 32951			DO NOT WRI	TE IN THI	S SPACE	
55		00			3. Date Inco	proprated or Qualified	<u></u>		
					12/14/	1990			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Numi			l A	opplied For
21 26					59-3	046158		N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						e of Status Desired		\$8.75	Additional
22 27					5. Certificat	e or Status Desired		Fee R	lequired
City & State		City & State			Campaign Financing	_	\$5.00	May Be	
23	28					d Contribution			i to Fees
Zip	Country	Zip	Country	r		oration owes or has			_ ~
24	9. Name and Address of Current Registered Agent					Property Tax due Jui			No
		it Hegistered Agent	81	Name	10. Name an	d Address of New I	egistere	a Agent	
	UNTER, SCOTT A.								
301 6TH AVENUE			82	Street A	ddress (P.O. Box N	umber is Not Accept	able)		
[ME	ELBOURNE BEACH FL 32951		83			<u>i</u>			
			00						
			84	City		1	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the above	z-named c	corporation submits	this statement for the			its registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig-	of Florida. Such change was a	uthorized by	the corpo	oration's board of di	rectors. I hereby acc	ept the ar	opointment as	registered
_	in raminal with, and accept the obliga	alions of, decilor dov.coco, Fio	nua piaidies	٠,					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	. Registered Age	ent signature n	equired when reinstating)		DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITION	CHANGES TO OFF	ICERS AN	ND DIRECTOR	AS IN 12
TITLE	VTSP	☐ DELETE			42 TU	C	A.	Change	Addition Addition
NAME	HUNTER, SCOTT A.		1.2 NAME		Hunter	- Scott	<i>.</i>	_	
STREET ADDRESS	301 6TH AVENUE		1.3 STREET ADDRESS		508 H	erland A	venu		
CITY - ST - ZIP			1.4 CITY - S	T-ZIP	melbourn	e Beuch,	FL	<u> </u>	<u> 7</u>
TITLE		☐ DELETE	2.1 TITLE		_	P		☐ Change	Addition
NAME			2.2 NAME	ĺ		-			
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP		· .	· · · · · · · · · · · · · · · · · · ·		4 1
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
Street Address			3.3 STREET	ADDRESS					i
CITY-ST-ZIP	· ·		3.4. CITY - S	T-ZIP					r
TITLE		☐ DELETE	4.1 TITLE					! Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS	RESS 4.3 S		4.3 STREET	ADDRESS					
CITY - ST - ZIP			r-zip		ļ				
TITLE		<u> </u>				1		Change	
NAME		☐ DELETE	5.1 TITLE					Onlarige	Addition
1		☐ DELETE	5.1 TITLE 5.2 NAME					Grange	Addition
STREET ADDRESS		☐ DELETE	•	ADORESS				Glange	☐ Addition
CITY-ST-ZIP			5.2 NAME 5.3 STREET 5.4 CITY-ST						
CITY-ST-ZIP TITLE		☐ DELETE	5.2 NAME 5.3 STREET 5.4 CITY-SI 6.1 TITLE					☐ Change	Addition Addition
CITY-ST-ZIP			5.2 NAME 5.3 STREET 5.4 CITY-ST	T-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 13 if changed, or on an attachment with an address.

SIGNATURE:

E REQUIRED

1-16-88

407 984 7980