

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

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**Feb 08, 1999 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02-08-1999 90046 022 \*\*\*150.00

**DOCUMENT # S19224**

1. Corporation Name  
**HUNTER LAWN AND LANDSCAPE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 508 HARLAND AVE, MELBOURNE BEACH FL 32951, US  
Mailing Address: PO BOX 510425, MELBOURNE BEACH FL 32951, US

3. Date Incorporated or Qualified: **12/14/1990**

4. FEI Number: **59-3046158** 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 the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **HUNTER, SCOTT A. 301 6TH AVENUE MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VTSP</b> <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>HUNTER, SCOTT A.</b>	1.2 NAME:
STREET ADDRESS: <b>508 HARLAND AVE</b>	1.3 STREET ADDRESS:	CITY-ST-ZIP: <b>MELBOURNE BEACH FL 32951</b>	1.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	2.2 NAME:
STREET ADDRESS:	2.3 STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	3.2 NAME:
STREET ADDRESS:	3.3 STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	4.2 NAME:
STREET ADDRESS:	4.3 STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	5.2 NAME:
STREET ADDRESS:	5.3 STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	6.2 NAME:
STREET ADDRESS:	6.3 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, with all other like empowered.

SIGNATURE: *Scott A. Hunter* 1-19-99 407-984-7980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)