FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H76159** **(3)**

1. Corporation Name
TOP NOTCH TREE SERVICE & LANDSCAPING, INC.

Principal Place of Business	Mailing Address
~~348 SOUTH OCEAN BLVD.~~ ~~DELRAY BEACH FL 33483-6722~~	~~348 SOUTH OCEAN BLVD.~~ ~~DELRAY BEACH FL 33483-6722~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/17/1985
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21: ONE S OCEAN BLVD
Suite, Apt. #, etc. 22: SUITE 320
City & State 23: BOCA RATON FL
Zip 24: 33432 Country 25: PALM BCH

2a. Mailing Address
26: ONE S. OCEAN BLVD
Suite, Apt. #, etc. 27: SUITE 320
City & State 28: BOCA RATON, FL
Zip 29: 33432 Country 30: PALM BCH

4. FEI Number: 59-2595241 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ROSS, JAMES~~ ~~348 SOUTH OCEAN BLVD.~~ ~~DELRAY BEACH FL 33444~~	81 Name: ROSS, JOHN 82 Street Address (P.O. Box Number is Not Acceptable): 1 SOUTH OCEAN BLVD. 83: SUITE 320 84 City: BOCA RATON FL 85 Zip Code: 33432

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: John Ross 4/14/95
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, JAMES	1.2 NAME	
STREET ADDRESS	348 S OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP-T-S	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSS JOHN	2.2 NAME	
STREET ADDRESS	ONE S. OCEAN BLVD SUITE 320	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John Ross JOHN ROSS V Pres (407) 243-4684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0170010 CP