DOCUMENT # **P96000102822**

Country

6. Name and Address of Current Registered Agent

KEVIN'S TREE SERVICE, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

.. Country

_ FILE NOW!!! FEE IS \$150.00

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12.

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NAME STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

1041 CHOKECHOSEY DR SPGS FL 32709

2. Principal Place of Business

KEVIN WILKEY

8. The above named e

(See criteria on back)

PSTD

SIGNATURE

11.

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CITY-ST-ZIP

CITY-ST-ZIP

1041 CHOIKE CHERRY DR 1041 CHOKECHERRY DR WINTER SPGS FL 32708

9. This corporation is eligible to satisfy its intangible

Tax filling requirement and elects to do so.

WILKEY, KEVIN

1041 CHOKECHERRY DR

WINTER SPGS FL 32708

Suite, Apt. #, etc.

City & State

Zip

1041 CHOKECHERRY WINTER SPGS FL 32708-4002

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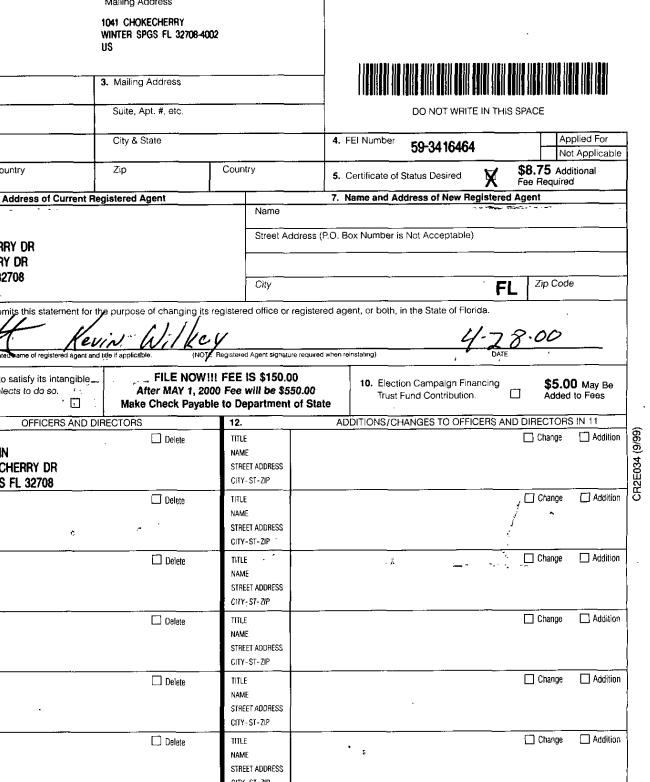
7

OFFICERS AND DIRECTORS

2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 91409 047 ***158.75



CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like eropowered.

SIGNATURE: