## FILE NOW: FILING FEE AFTER MAY 1ST !

**PROFIT CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012917 (5) A TOP QUALITY TREE SERVICE, INC. Principal Place of Business Mailing Address 12021 ALTOONA AVENUE 12021 ALTOONA AVENUE HUDSON FL 34669 HUDSON FL 34669 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARR, DOROTHY MS 12021 ALTOONA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **HUDSON FL 34669** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TODE Change TITLE HARR, DOROTHY MS NAME 1.2 NAME 12021 ALTOONA AVENUE STREET ADDRESS 1.3 STREET ADDRESS HUDSON FL 34669 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY+ST-ZIP CITY-ST-ZIE DELETE Change Addition TITLE 3.1 THLE 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CiTY-ST-ZIP 3 4. C(TY - ST - Z)P DELETE Change ☐ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST-ZIP DELETE 40000260559 Phange TITLE 5.1 TITLE :-**0**8/03/98--01092-**-0**26 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 5.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 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 it changed, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Aug 03 1998 8:00am

Secretary of State