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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012917

1. Corporation Name

| Principal Place of Business | Mailing Address | |
|-----------------------------------------|-----------------------------------------|--|
| 12021 ALTOONA AVENUE HUDSON FL 34669 | 12021 ALTOONA AVENUE HUDSON FL 34669 | |
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FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90124 043 ***150.00

| | IUALITY TREE SERVICE, INC | ,. | | | | |
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| Principal Place | of Business | Mailing Address | | . I INDIIANI IIS INII INNII ANII ANII ANII ANII | } \$ \$ | E() (88) (88) |
| 12021 ALTOON | | 12021 ALTOONA AVENUE | | | | |
| HUDSON FL 34669 HUDSON FL 34669 | | DO NOT WRITE IN THIS | SPACE | | | |
| 1 | | | | -3. Date Incorporated or Qualifed | 3 SFACE | |
| | | | • | 02/10/1997 | | ļ |
| 2 Dringing Of | ace of Business | 2a. Mailing Address | 1 8 | 4. FEI Number | App | lied For |
| 21 291 | Circle Drive | 26 29/ Circ | Ir Drive | 59-3422933 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | \$8.75 A | dditional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Req | uired |
| City & State | | City & State | 1 01 | 6. Election Campaign Financing | \$5.00 N | |
| 23 Ma | Hand PC. | 28 Mai 7/91)C | Country | Trust Fund Contribution 8. This corporation owes the current year In | Added to | Fees |
| 200 | 5/ 1 5 | 29 3 2 25/ 3 | _ | Personal Property Tax. | ∐Yes | ∃No |
| 24 52/1 | 9. Name and Address of Current | | | 10. Name and Address of New Registered | l Agent | 4 |
| | THE STATE OF THE S | | 81 Name | & Dorothy Harr | - | |
| 1 | r, dorothy MS | | 82 Street Ad | Idress (P.O. Box Number is Not Acceptable) | | |
| | 21 ALTOONA AVENUE | | SZ OHOCI AG | 2021 AITOONA | AVEDI | N |
| מטא ן | SON FL 34669 | | = 83 | | • | |
| | | | 84 City / | 1 | 85 Zip C | ode _ |
| } | | | ' £_ | HUDSON FI | L 3¢/L | 69 |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607,1508, Florida Statutes | the above-named co | proporation submits this statement for the purpose cation's board of directors. I hereby accept the appoint | of changing its r pintment as reg | egistefed i istered |
| | egistered agent, or bour, in the state c | il Florida. Such change was add | Charles of the compone | | | |
| office or r agent. I a | m familiar with, and accept the obligat | ons of, Section 607.0505, Florid | la Statutes. | | '. /. : | |
| agent. I a | m familiar with, and accept the obligat | G. F. | a Statutes. | 4/9 | 7/99 | |
| agent. I a | Signature, typed or printed flame of rigistered egent | and title if applicable. (NOTE: R | egistered Agent signature requ | uired when reinstating) DATE | 1/99 | |
| agent. I a SIGNATURE 12. | Signature, typed or printed flame of rigistared agent | and title if applicable. (NOTE: R | egistered Agent signature requ | dired when reinstating) ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | |
| agent. I a SIGNATURE 12. TITLE | Signature, typed or printed flame of rigistared agent OFFICERS AND | and title if applicable. (NOTE: R | egistered Agent signature requests 13. | dired when reinstating) ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | RS IN 12 |
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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: