


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

FILED

Apr 11 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|--|--|--|
| DOCUMENT # 510401 (3) | | | | | |
| 1. Corporation Name GOSSETT TREE SERVICE, INC. | | | | | |
| Principal Place of Business 506 E WILLIAMS ST P.O. BOX 777 TALLAHASSEE FL 32303 US | | | Mailing Address P.O. BOX 777 TALLAHASSEE FL 32303-0777 | | |
| 2. Principal Place of Business 21 506 E. WILLIAMS ST. 22 Suite, Apt. #, etc. | | 2a. Mailing Address 26 506 E. WILLIAMS ST. 27 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/12/1976 | |
| 23 TALLAHASSEE, FL. 24 32303 25 USA | | 28 TALLAHASSEE, FL. 29 32303 30 USA | | 3a. Date of Last Report 04/18/1996 | |
| 9. Name and Address of Current Registered Agent THRASHER, ELWIN R., JR. 908 N. GADSDEN ST. TALLAHASSEE FL 32303 | | | | 4. FEI Number 59-1679291 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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. | | | | 10. Name and Address of New Registered Agent | |
| SIGNATURE | | | | DATE | |
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE <input type="checkbox"/> DELETE | | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME HAND, SAMUEL E. | | | | 1.2 NAME | |
| 1.3 STREET ADDRESS 506 E. WILLIAMS STREET | | | | 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP TALLAHASSEE FL | | | | 1.4 CITY- ST- ZIP | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME HAND JACQUIN | | | | 2.2 NAME | |
| 2.3 STREET ADDRESS 506 E. WILLIAMS STREET | | | | 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP TALLAHASSEE FL | | | | 2.4 CITY- ST- ZIP | |
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| 6.3 STREET ADDRESS | | | | 6.3 STREET ADDRESS | |
| 6.4 CITY- ST- ZIP | | | | 6.4 CITY- ST- ZIP | |
| 14. I do 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. | | | | | |
| SIGNATURE: Samuel E. Hand, Jr. SAMUEL E. HAND, JR. PRES. 4/7/97 904-224-9570 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E034 (9/96)