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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H07999

(6)

PALM HARBOR TREE SERVICE, INC.

FILED						
May	13	1997	8:00am			
Sec	cret	ary of	State			

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Principal Flace of Business Mailing Address			SS						
The state of the contract of t			OHIO AVENUE I HARBOR FL 34683-4633						
							3. Date Incorporated or Qualified 06/14/1984	3a. Date of 1	•
2	Principal Place of Busi	ness	, 2a. Mailing Ad	dress			4. FEI Number		Applied For
21		26	26			59-2433181		Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Stat	City & State		Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
24	Zφ	Country 25	Zip 29	30 Coi	ıntry		This corporation has liability for in Florida Statutes	ntangible tax ur Yes \(\square\) No	nder s. 199.032,
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	WILKINSON, D				81	Name			
1436 OHIO AVENUE PALM HARBOR FL 34683			82						
			63						
					84	City		FL 85	Zip Code

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								
	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Re	gistered Ageni signature rec	<u> </u>	DATE	0.00.00		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO C				
1-TLF	P	LETE	1.1 TITLE	•	Change	☐ Addition		
NAME	WILKINSON, DAVID EARLE		1.2 NAME					
STREET ADDRESS	1436 OHIO AVENUE	ŀ	1.3 STREET ADDRESS					
City-St-7/P	PALM HARBOR FL 34683		1.4 CITY+ST-ZIP					
TITLE	S DE	LETE	2.1 TITLE		☐ Change	Addition		
NAME	WILKINSON, SHIRLEY]	2.2 NAME					
STREET ADDRESS	1439 OHIO AVENUE		2.3 STREET ADDRESS	· ·				
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP					
TITLE	VP □ D€	LETE	3.1 TITLE	•	Change	Addition		
NAME	WILKINSON, CAROL JEAN		3.2 NAME					
STREET ADDRESS	1436 OHIO AVENUE	Į.	3.3 STREET ADDRESS			Į		
C-Tr-ST-ZIP	PALM HARBOR FL 34683-4633		3.4. CITY-ST-ZIP					
TITLE	OF	LETE	4.1 TITLE		Change	☐ Addition		
NAMÉ			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST ZIP			4.4 CITY - ST - ZIP					
THILE	D8	LETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	•				
CITY - ST - ZIP			5 4 City-St-ZIP	· ·				
-TiTLF	DE	LETE	6.1 TITLE	1.5	Change	☐ Addition		
NAME		Į	6 2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS	· ·				
0.71/ 67 76			6.4 City, CT. 7/D	* *				

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.

IGNATURE: SIGNATURE AND TYPED OR PARTIED HAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Daytime Phone #