

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90071 022 ***150.00

DOCUMENT # H07999

1. Corporation Name

PALM HARBOR TREE SERVICE, INC.

Principal Place of Business

1436 OHIO AVENUE
PALM HARBOR FL 34683-4633

Mailing Address

1436 OHIO AVENUE
PALM HARBOR FL 34683-4633

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1984

4. FEI Number

59-2433181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1436 OHIO AVE

Suite, Apt. #, etc.

22 1

City & State

23 Palm Harbor FL

Zip

24 34683

Country

25 Grenada

2a. Mailing Address

26 1436 OHIO AVE

Suite, Apt. #, etc.

27

City & State

28 Palm Harbor FL

Zip

29 34683

Country

30 Grenada

9. Name and Address of Current Registered Agent

WILKINSON, DAVID E
1436 OHIO AVENUE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

82 DAVID EARLE WILKINSON

83 Street Address (P.O. Box Number is Not Acceptable)

84 1436 OHIO AVE

85 Palm Harbor FL

City

FL

Zip Code

34683

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

David E. Wilkinson (President) David E. Wilkinson 4-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
WILKINSON, DAVID EARLE
STREET ADDRESS 1436 OHIO AVENUE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME S
WILKINSON, SHIRLEY
STREET ADDRESS 1439 OHIO AVENUE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME VP
WILKINSON, CAROL JEAN
STREET ADDRESS 1436 OHIO AVENUE
CITY-ST-ZIP PALM HARBOR FL 34683-4633

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)