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

Apr 02 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H44100 (6)ARBORIST SUPPLY HOUSE INC. Principal Place of Business Mailing Address % GERALDINE S. HOYT % GERALDINE S. HOYT 4301 N.E. 13TH TERRACE 4301 N.E. 13TH TERRACE OAKLAND PARK FL 33334 DO NOT WRITE IN THIS SPACE OAKLAND PARK FL 33334 3. Date Incorporated or Qualified 02/22/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2493182 21 Not Applicable 26 Suite Apt. #. etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ 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 Name HOYT, GERALDINE S. 4301 N.E. 13TH TERRACE Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33334 83 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 Stgnature typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition HOYT, GERALDINE S. 3R2E034 NAME 1.2 NAME 4301 NE 13TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS OAKLAND PARK FL CITY-\$T-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 1ITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 trustate 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 apalachment with an address.

54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

LUNISHINE SKING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A

DELETE

(\$57) 5U - 9514 Daytime Phone # 0300630

Change

Addition

FILED