

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90038 017 ***150.00

DOCUMENT # K31551

1. Corporation Name

GRIFFIN'S TREE SERVICE, INC.

Principal Place of Business

4736 NE 17TH AVE.
OAKLAND PK. FL 33334

Mailing Address

4736 NE 17TH AVE.
OAKLAND PK. FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1988

4. FEI Number

65-0063470

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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 1925 N.E. 45TH ST

Suite, Apt. #, etc.

22 SUITE #129

City & State

23 FT. LAUDERDALE, FL

Zip

24 33308

Country

25 USA

2a. Mailing Address

26 1925 N.E. 45TH ST

Suite, Apt. #, etc.

27 SUITE #129

City & State

28 FT. LAUDERDALE, FL

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

GRIFFIN, JOE
4736 N.E. 17TH AVENUE
OAKLAND PARK FL 33334-5610

10. Name and Address of New Registered Agent

81 Name

JOSEPH F. GRIFFIN

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

1925 N.E. 45TH STREET SUITE #129

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

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 title if applicable.

JOSEPH F. GRIFFIN

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GRIFFIN, JOE
STREET ADDRESS 4736 N.E. 17TH AVENUE
CITY-ST-ZIP OAKLAND PARK FL

TITLE D ☐ DELETE

NAME GRIFFIN, PATTY
STREET ADDRESS 4736 N.E. 17TH AVENUE
CITY-ST-ZIP OAKLAND PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition

12 NAME GRIFFIN, JOE
13 STREET ADDRESS 1925 N.E. 45TH ST. #129
14 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

2.1 TITLE VP, D ☒ Change ☐ Addition

22 NAME GRIFFIN, PATRICIA
23 STREET ADDRESS 1925 N.E. 45TH ST. #129
24 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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, typed or printed name of signing officer or director

3/1/99

Date

(954) 938-0594

Daytime Phone #

CR2E034 (11/98)

0310925