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

May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)L84019 W.B. OLLIFF, JR. TREE SURGEON INC. Principal Place of Business Mailing Address P.O. BOX 874 HWY 636 WEST P.O. BOX 874 HWY 636 WEST DO NOT WRITE IN THIS SPACE WAUCHULA FL 33873 WAUCHULA FL 33873 3. Date Incorporated or Qualified 06/27/1990 2a. Mailing Address 2, Principal Place of Business 4. FEI Number Applied For 59-3016713 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OLLIFF, W.B., JR HWY 636 WEST Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 874 83 WAUCHULA FL 33873 84 City 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 title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE Addition NAME OLLIFF, W.B., JR 1.2 NAME STREET ADDRESS SR 636 E 1.3 STREET ADDRESS WAUCHULA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE OLLIFF, SONYA NAME 2.2 NAME SR 636 E STREET ADDRESS 2.3 STREET ADDRESS WAUCHULA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE MAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition

62 NAME

A OR DIRECTOR

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

tion 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 or suppliemental 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 an information or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the content with proceedings.

SIGNATURE: Dryc III

MAME

STREET ADDRESS

 I hereby certify that the inform indicated on this annual repoofficer or director of the corpo-Block 12 or Block 13 if change

4/24/98

9/-773-4476

FILED