

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90086 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M96548

1. Corporation Name

POTTING SOIL AND TREE SERVICES, INC.

Principal Place of Business

619 STATE RD. 50
GROVELAND FL 34736
US

Mailing Address

619 STATE RD. 50
GROVELAND FL 34736
US


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1988

4. FEI Number

59-2922491

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

Suite, Apt. #, etc.

City & State

23

Zip Country

24**25****25**

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip Country

29**30**

9. Name and Address of Current Registered Agent

ASMA, WILLIAM N.
886 S. DILLARD STREET
WINTER GARDEN FL 32787

10. Name and Address of New Registered Agent

81 Name SHAWN J. HILLARY
82 Street Address (P.O. Box Number is Not Acceptable) 619 STATE RD 50
83
84 City GROVELAND FL 85 Zip Code 34736

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 607.0606, Florida Statutes.

SIGNATURE

SHAWN J. HILLARY
 Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered agent signature required when renewing)

3/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILLARY, DENNIS W.	
STREET ADDRESS	619 STATE ROAD 50	
CITY-ST-ZIP	GROVELAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HILLARY, SHAUN	
STREET ADDRESS	619 STATE RD. 50	
CITY-ST-ZIP	GROVELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:

SHAWN J. HILLARY
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)