

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011119 (3)

1. Corporation Name

TREE FACTORY LANDSCAPING, INC.

Principal Place of Business

853 ELLER DR.
FT. LAUDERDALE FL 33316

Mailing Address

P O BOX 22778
FT LAUDERDALE FL 33335-2778
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1993

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0383464

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BROWN, WILLIAM H JR.
905 SE 12TH COURT APT 2
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

Brown, William H., Jr.

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

1021 S. E. 8th St.

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33316

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, WILLIAM H JR.
STREET ADDRESS 905 S.E. 12TH COURT APT 2
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☒ DELETE

TITLE TD
NAME BROWN, WILLIAM H SR
STREET ADDRESS 1519 S.E. 13TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ DELETE

TITLE SD
NAME BROWN, ANNA L
STREET ADDRESS 905 S.E. 12TH COURT APT 2
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☒ DELETE

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
1.2 NAME Brown, William H., Jr.
1.3 STREET ADDRESS 1021 S. E. 8th St.
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Brown, Anna-Lena Skytt Brown
3.3 STREET ADDRESS 1021 S. E. 8th St.
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316 ☐ Change ☐ Addition

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.

SIGNATURE

[Handwritten Signature] 4/30/98 054-513-5988

CR2E034 (10/97)