

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077862 (9)

1. Corporation Name

DOMINION TREE TRANSPLANT, INC.



Principal Place of Business

100 S.W. 83 WAY
#202
PEMBROKE PINES FL 33024

Mailing Address

P.O. BOX 69-3000
MIAMI FL 33169

3. Date Incorporated or Qualified
11/04/1993

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 4415 SW 153rd Avenue

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23 Miramar, FL

Zip

24 33027

Country

25 America

27 City & State

28

Zip

29

Country

30

4. FEI Number

65-0446441

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLS, WILLIE J
100 S.W. 83 WAY
APT. 202
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 the date of filing

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WALLS, WILLIE JAMES
STREET ADDRESS 100 S.W. 83RD WAY, # 202
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE TO
NAME BROWN, VINCENT P
STREET ADDRESS 21100 N.E. 28TH AVE., # 1
CITY-ST-ZIP AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME WALLS, WILLIE JAMES
1.3 STREET ADDRESS 4415 SW 153RD AVENUE
1.4 CITY-ST-ZIP MIRAMAR, FL 33027

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as applicable, as an attachment with an address.

SIGNATURE:

WILLIE JAMES WALLS

4/4/96

932-8919(954)

CR2E034 (12/95)