FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000079312 (2)

1. Corporation Name

ROGERS' PROFESSIONAL TREE SERVICE, INC.

Principal Place of Business

237 BEAL PARKWAY, LOT 48
FORT WALTON BEACH FL 32548

Mailing Address

P.O. BOX 544
SHALIMAR FL 32579

3. Date Incorporated or Qualified: 10/27/1994

3a. Date of Last Report:

4. FEI Number: 59-3296442 — 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

2. Principal Place of Business / 2a Mailing Address

21 / 26 —
22 / 27 — Suite, Apt. #, etc.
23 / 28 — City & State
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROGERS, JIMMY 237 BEAL PARKWAY, LOT 48 FORT WALTON BEACH FL 32548	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

12. Officers and Directors	13. Additions/Changes to Officers and Directors in 12
Title: Name: Street Address: City-St-Zip:	President/Director ☐ Change ☒ Addition James E. Rogers 237 Beal Parkway, Lot 48 Fort Walton Beach, FL 32548
Title: Name: Street Address: City-St-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is substantially furnished and 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: *James E. Rogers* — James E. Rogers — 904-582-4683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471248 FP