FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:57

DOCUMENT # **P94000089445 (8)**

1. Corporation Name
TODD DAVIS TREE SERVICE, INC.

Principal Place of Business	Mailing Address
8000 ALOMA AVE. SUITE 109 WINTER PARK FL 32792	8000 ALOMA AVE. SUITE 109 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4226 VIXEN CT.	26 4226 VIXEN CT
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 OVIEDO FL.	City & State 28 OVIEDO, FL.
Zip / Country 24 32765 / 25 SEMINOLE	Zip / Country 29 32765 / 30 SEMINOLE

4. FEI Number: 593301430 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Todd ALLEN DAVIS
82 Street Address (P.O. Box Number is Not Acceptable): 4226 VIXEN CT
83
84 City: OVIEDO FL 85 Zip Code: 32765

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] Todd Davis PRESIDENT 5/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☒ Change ☐ Addition
NAME	DAVIS, TODD	12 NAME	DAVIS, TODD	
STREET ADDRESS	8000 ALOMA AVE., SUITE 109	13 STREET ADDRESS	4226 VIXEN CT.	
CITY-ST-ZIP	WINTER PARK FL 32792	14 CITY-ST-ZIP	OVIEDO FL. 32765	
TITLE	VS	21 TITLE	VS	☒ Change ☐ Addition
NAME	DAVIS, DEBBIE	22 NAME	DAVIS, Debbie	
STREET ADDRESS	8000 ALOMA AVE., SUITE 109	23 STREET ADDRESS	4226 VIXEN CT.	
CITY-ST-ZIP	WINTER PARK FL 32792	24 CITY-ST-ZIP	OVIEDO FL. 32765	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: [signature] Todd Davis 5/8/95 407-365 4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0048136 CP