FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:46

DOCUMENT # P94000094292 (7)

1. Corporation Name

ARBOR & LANDSCAPE PROFESSIONAL SERVICES, INC.

Principal Place of Business: 14965 PALMWOOD ROAD, PALM BEACH GARDENS FL 33410

Mailing Address: 14965 PALMWOOD ROAD, PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1994

3a. Date of Last Report:

4. FEI Number: 65-0543822 — Applied For / Not Applicable

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

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 is liable for intangible tax under s. 199.052, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRISLEY, WILLIAM C
14965 PALMWOOD ROAD
PALM BEACH GARDENS FL 33410

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 William Clay Chrisley

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHRISLEY, WILLIAM C
STREET ADDRESS	14965 PALMWOOD ROAD
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1) TITLE		☐ Change ☐ Addition
1) NAME		
1) STREET ADDRESS		
1) CITY-ST-ZIP		
2) TITLE		☐ Change ☐ Addition
2) NAME		
2) STREET ADDRESS		
2) CITY-ST-ZIP		
3) TITLE		☐ Change ☐ Addition
3) NAME		
3) STREET ADDRESS		
3) CITY-ST-ZIP		
4) TITLE		☐ Change ☐ Addition
4) NAME		
4) STREET ADDRESS		
4) CITY-ST-ZIP		
5) TITLE		☐ Change ☐ Addition
5) NAME		
5) STREET ADDRESS		
5) CITY-ST-ZIP		
6) TITLE		☐ Change ☐ Addition
6) NAME		
6) STREET ADDRESS		
6) CITY-ST-ZIP		

REMITTED BY MAY 1

14. I 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 the 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: William Clay Chrisley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0001780 FP