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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000050367 (7)

1. Corporation Name  
SCOTT'S TREE SERVICE, INC.

Principal Place of Business  
~~2048 14TH DR~~  
VERO BEACH FL 32960

Mailing Address  
~~2048 14TH DR~~  
VERO BEACH FL 32960-3212



2. Principal Place of Business

21 1765 Commerce Ave  
Suite, Apt #, etc.  
22 #4-2  
City & State

23 Zip  
24 Country

2a. Mailing Address

26 1765 Commerce Ave  
Suite, Apt #, etc.  
27 #4-2  
City & State

28 Zip  
29 Country

3. Date Incorporated or Qualified  
06/10/1996

3a. Date of Last Report

4. FEI Number

65-0700954

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

SMITH, SCOTT  
2048 14TH DR  
VERO BEACH FL 32960

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 in 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]*

OWNER

3/28/97

Signature of person who is registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME         | STREET ADDRESS          | CITY - ST - ZIP     | DELETE                   |
|-------|--------------|-------------------------|---------------------|--------------------------|
| D     | SMITH, SCOTT | <del>2048 14TH DR</del> | VERO BEACH FL 32960 | <input type="checkbox"/> |
|       |              |                         |                     | <input type="checkbox"/> |
|       |              |                         |                     | <input type="checkbox"/> |
|       |              |                         |                     | <input type="checkbox"/> |
|       |              |                         |                     | <input type="checkbox"/> |
|       |              |                         |                     | <input type="checkbox"/> |
|       |              |                         |                     | <input type="checkbox"/> |
|       |              |                         |                     | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS         | CITY - ST - ZIP | DELETE                              | Change                   | Addition                 |
|-------|------|------------------------|-----------------|-------------------------------------|--------------------------|--------------------------|
| PRES  |      | 1765 Commerce Ave #4-2 |                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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:

*[Signature]* SCOTT F Smith 3/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)