

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Jun 12 1998 8:00am
Secretary of State

DOCUMENT # P96000090409
Corporation Name
CROWN TREE SERVICE, INC.
218-B W. MICHIGAN STREET
ORLANDO, FL 32806

Principal Place of Business Mailing Address
218-B W. MICHIGAN ST. SAME
Orlando, FL 32806

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3405648		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LINDA HOLTZCLAW 218-B W. Michigan Street Orlando, FL 32806				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 Linda Lee Holtzclaw Hackney VP L. Holtzclaw Hackney 6/8/98
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13.			
TITLE	Clayton Hackney / officer	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	427 Sunflow Ct.		1.2 NAME				
STREET ADDRESS	Orlando, FL 32803		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE	Linda Holtzclaw / officer	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	427 Sunflow Ct.		2.2 NAME				
STREET ADDRESS	Orlando, FL 32803		2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	000002558650			<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			6.2 NAME	-06/12/98--01083--016			
STREET ADDRESS			6.3 STREET ADDRESS	***150.00			
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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: Linda Holtzclaw Hackney 4/29/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0097825