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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000009167 (2)

PRECISION TREE SERVICE, INC.

Principal Place of Business

Mailing Address

709 COUNTRY CLUB DRIVE

FILED May 01 1998 8:00am Secretary of State



709 COUNTRY CLUB DRIVE **TAMPA FL 33612 TAMPA FL 33612** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3445780 709 COUNTRY CLUB DR. Suite, Apl. #, etc. 709 COUNTRY CLUB DR. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees TAMPA 28 Country Country This corporation owes or has paid the current year Intangible USA ☐ Yes 25 Personal Property Tax due June 30. USA 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MILNER, SCOTT 709 COUNTRY CLUB DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33612** 83 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ Addition PRESIDENT DELETE 11 TITLE Change TITLE SCOTT MILNER NAME 1.2 NAME 709 COUNTRY CLUB DR. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 33612 1.4 CITY-\$1-2IP DELETE Change Addition TITLE 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE Change Addition 3.1 TOLLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIE DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-Z#P 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 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 suppliemental 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 monattaching in 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 monattaching in the corporation of the co 41-79-00