FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90124 043 ***150.00

DOCUMENT # **P97000012917**

1. Corporation Name
A TOP QUALITY TREE SERVICE, INC.

Principal Place of Business
12021 ALTOONA AVENUE
HUDSON FL 34669

Mailing Address
12021 ALTOONA AVENUE
HUDSON FL 34669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
02/10/1997

4. FEI Number
59-3422933
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 291 Circle Drive
Suite, Apt. #, etc.
22
City & State
23 Maitland, FL.
Zip
24 32751
Country
25 U.S.

2a. Mailing Address
26 291 Circle Drive
Suite, Apt. #, etc.
27
City & State
28 Maitland, FL.
Zip
29 32751
Country
30 U.S.

9. Name and Address of Current Registered Agent
HARR, DOROTHY MS
12021 ALTOONA AVENUE
HUDSON FL 34669

10. Name and Address of New Registered Agent
81 Name Dorothy Harr
82 Street Address (P.O. Box Number is Not Acceptable) 12021 ALTOONA AVENUE
83
84 City HUDSON FL 85 Zip Code 34669

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 Dorothy Harr — DATE 4/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	HARR, DOROTHY MS
STREET ADDRESS	12021 ALTOONA AVENUE
CITY-ST-ZIP	HUDSON FL 34669
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Harr, Dorothy
1.3 STREET ADDRESS	291 Circle Drive
1.4 CITY-ST-ZIP	Maitland, FL 32751
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: [signature] — Date 4/9/99 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR