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PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Namie



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24 1998 8:00am Secretary of State

P97000036002 (8) A TREE PRO SERVICES, INC. Principal Place of Business Mailing Address 5458 CAURUS CT 5458 CAURUS CT ORLANDO FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-344558z Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes □Ño Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 CRAMER, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 1407 E ROBINSON ST, SUITE E 82 ORLANDO FL 32801 83 84 Zip Code Orlando 32804 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. 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 Signature, typed or printed came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE President Change Addition TITLE 1 1 TITLE 1.2 NAME NAME CR2E034 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP 80866 Change DELETE 2.1 TITLE Addition Secretary Bonnie B scay 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZiP EI 37808 DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 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 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELÉTE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 of 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 of the corporation with an address

SIGNATURE:

Rich Sea

2/19/98