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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mogtham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000070259 (1)

WILLIS TREE SERVICE, INC.

FILED Jun 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6821 TAMRA LANE 6821 TAMRA LANE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/13/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Nun Applied For TAMRA LONE 6821 Tampa Lone Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be pensille, FL Trust Fund Contribution 28 Added to Fees This corporation owes or has paid the current year Intangible 32216 30 DUVSL 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent JAPOUR, DANIEL A 333-1 E MONROE ST 82 JACKSONVILLE FL 32202 83 84 City Zip Code 85 (DOUSOUS) 11. Pursuant to the previsions 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** ool regulate oraquinity of title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 TITLE WILLIS, RON NAME 1.2 NAME **6821 TAMRA LANE** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 HILE WILLIS, BJ NAME 2.2 NAME 6821 TAMRA LANE STREET ADDRESS 2.3 STREET ADDRESS **JACKSONVILLE FL 32216** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 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 13 if changed, or on an attachment with an address.

18 mall 13:00.