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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000045352

TAYLOR'S TREE SERVICE, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90139 038 ***150.00



								11/1 1 11 4 /1 114 /
Principal Place	of Business	Mailing Address) WB117 UU151 U1		
17118 50TH STREET (NORTH) 17118 50TH STREET (NORTH)					
LOXAHATCHEE		LOXAHATCHEE FL 33470-9179			DO NOT WRITE IN THIS SPACE			
	-				3. Date incorporated or Qualifed			
					05/18/1998		_	
Principal Place of Business 2a. Mailing Address					4. FEI Number		Apr	olied For
21 17/18 50 Th STN 26 /7/1			501451N		65-0836430		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
City & State	. ~1 (39/()	City & State 28 Lox F/ 3-3 479			Election Campaign Financing Trust Fund Contribution	- 11		
Zip	Country	Zip	Countr	y, C	8. This corporation owes the curre	ent year Inta		_
24	25 US	29 30	(/3	Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		41.0	10. Name and Address of New R	egistered A	igent	———
	as sileasu s		8	1 Name	•			\
TAYLOR, RUSSELL R 17118 50TH STREET (NORTH)			8:	2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
	AHATCHEE FL 33470-9179		8:	3			 .	
2074	WINGINEE IE GOILG GIAG			<u> </u>				
			8-	4 City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607:1508; Florida Statutes,	the abo	ve-named con	poration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autho	orizea o	v tne corborati	ion's board of directors. I hereby accep	t the appoin	iment as reg	jistered
SIGNATURE	Quem 1 2_					22 99 DATE	<u> </u>	
- GIGITATIONE	Signature, typed or printed name of registered agent			ent signature require	ed when remstading)			00 IN 40
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
TITLE	D	☐ DELETÉ	1.1 TITLE					
NAME	TAYLOR, RUSSELL R		1.2 NAME					
STREET ADDRESS	17118 50TH STREET (NORTH)			ET ADDRESS				
CITY-ST-ZIP	LOXAHATCHEE FL 33470-9179	☐ DELETE	1.4 CITY- 2.1 TITLE				Change	Addition
TITLE			2.2 NAME	Į.				_
NAME				ET ADORESS	•			}
STREET ADDRESS			2.4 CITY					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME		_	3.2 NAME					
STREET ADDRESS				ET ADDRESS	•			[
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TILE		☐ OELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAM	E				1
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ D€LETE	5.1 TITLE		And the second of the second	4	Change	Addition
NAME			5.2 NAME	<u> </u>	1666的第三人称单数 1666的第三人称单数	See Hour		
STREET ADDRESS				ET ADDRESS	自然可以提供。在1、40×3时代表示	र वास्त्रकार कर	55145D 1595	27 St #115.
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ D€LETE	6.1 TITLE	ì			Change	Addition
NAME	• • •	• '	6.2 NAME					
STREET ADDRESS			6.3 STRE	ET ADDRESS				1
			0.4000/	OT TIP				

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

56/79/7800

:R2E034 (11/98)