

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90162 024 ***150.00

DOCUMENT # P98000088186

1. Corporation Name

JERRY HOLLANDS TREE SERVICE, INC.

Principal Place of Business

18235 DEASON DRIVE
SPRINGHILL FL 34610

Mailing Address

18235 DEASON DRIVE
SPRINGHILL FL 34610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

59-3537242

Applied For

Not Applicable

5. Certificate 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 18235 DEASON DRIVE

Suite, Apt. #, etc.

22 MOBILE HOME

City & State

23 SPRING HILL, FLA

Zip

24 34610

Country

25 PASCO

2a. Mailing Address

26 18235 DEASON DRIVE

Suite, Apt. #, etc.

27 MOBILE HOME

City & State

28 SPRING HILL, FLA

Zip

29 34610

Country

30 PASCO

9. Name and Address of Current Registered Agent

NYSTROM, EDWIN
18235 DEASON DRIVE
SPRINGHILL FL 34610

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOLLAND, JERRY
STREET ADDRESS 18235 DEASON DRIVE
CITY-ST-ZIP SPRINGHILL FL 34610

TITLE VPD ☒ DELETE

NAME FREDERIKSEN, WALTER
STREET ADDRESS 18235 DEASON DRIVE
CITY-ST-ZIP SPRINGHILL FL 34610

TITLE VPD ☐ DELETE

NAME FREDERIKSEN, EDWIN
STREET ADDRESS 18235 DEASON DRIVE
CITY-ST-ZIP SPRINGHILL FL 34610

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

VPD
NYSTROM EDWIN
18235 DEASON DRIVE
SPRING HILL FLA 34610

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:

Edwin Nystrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-10-99 (352) 796-5871

CR2E034 (11/98)