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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$37644

(9)

ENTS TREE & LANDSCAPING SERVICES, INC. Principal Place of Business Mailing Address 763 HIBISCUS DRIVE 763 HIBISCUS DRIVE ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-7623 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1991 04/22/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0254820 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MERRITT, DIANA L 763 HIBISCUS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 83 City 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 figure with, and accept the obligations of Section 607.0505, Florida Statutes. iana. K 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ۷Ď DELETE Change ___ Addition THEF 11 TITLE MERRITT, MICHAEL H NAME 1.2 NAME 763 HIBISCUS DRIVE 13 STREET ADDRESS STREET ACCORESS ROYAL PALM BEACH FL 33411 14 CITY-ST-ZIP CITY: ST: ZiF PST DELETE Change ☐ Addition TITLE 21 TITLE MERRITT, DIANA L. NAME 22 NAME 763 HIBSCUS DR STREET ADDRESS 23 STREET ADDRESS ROYAL PALM BEACH FL 2 4 CITY-ST-ZIP CITY-SI-ZIP DELETE Addition Change HILE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-7/2 3.4. CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. I do 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 componition 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

4.1 TITLE

4.2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

62 NAME

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Feb 27 1997 8:00am

Secretary of State