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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90127 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S48393

1. Corporation Name
EAGLE TREE SERVICE, INC.

Principal Place of Business

**1351 FLOTILLA DR.
HOLIDAY FL 34690**

Mailing Address

**1351 FLOTILLA DR.
HOLIDAY FL 34690**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1991

4. FEI Number

59-3067538

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 4029 FLORAMAR TERR

2a. Mailing Address

26 4029 FLORAMAR TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NEW PORT RICHEY FL

City & State

28 NEW PORT RICHEY FL

Zip Country

24 34652 25 USA

Zip Country

29 34652 30 USA

9. Name and Address of Current Registered Agent

**DELONCKER, DEBORAH
1351 FLOTILLA DR.
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

81 Name

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

4029 FLORAMAR TERR

83

NEW PORT RICHEY

84 City

FL

85 Zip Code

34652

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 ☐ DELETE
NAME **P DELONCKER, BRUCE**
STREET ADDRESS **1351 FLOTILLA DR.**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☐ DELETE
NAME **S DELONCKER, DEBORAH**
STREET ADDRESS **1351 FLOTILLA DR.**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **4029 FLORAMAR TERR**
1.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4029 FLORAMAR TERR**
2.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

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:

Deborah Deloncker Deborah Deloncker 3/13/99 727 938 2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)