SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V72862** **(8)**

1. Corporation Name
ROBERT STUBBS TREE EXPERTS, INC.

Principal Place of Business	Mailing Address
6845 S.W. 20TH STREET MIRAMAR FL 33023	6845 S.W. 20TH STREET MIRAMAR FL 33023

2. Principal Place of Business 21 450 Palm Circle West 22 Suite, Apt. #, etc. #103 23 City & State Pembroke Pines, FL. 24 Zip 33025 25 Country Broward	2a. Mailing Address 26 Same 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
3. Date Incorporated or Qualified 10/16/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0364255	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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

STUBBS, BRIAN K.
5845 S.W. 20TH STREET
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 450 Palm Circle West
83 #103
84 Pembroke Pines FL 85 Zip Code 33025

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 Brian Stubbs - Pres. Brian Stubbs, Pres. DATE 6-27-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
				☐ Change ☒ Addition
TITLE	S	☒ DELETE	1.1 TITLE	Secretary
NAME	PRICE, MICHAEL		1.2 NAME	Susan Stubbs
STREET ADDRESS	19 MIAMI GARDENS RD.		1.3 STREET ADDRESS	6845 S.W. 20 St.
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Miramar, FL. 33023
				☒ Change ☐ Addition
TITLE	P	☐ DELETE	2.1 TITLE	Pres.
NAME	STUBBS, BRIAN K.		2.2 NAME	Stubbs, Brian K.
STREET ADDRESS	6845 S.W. 20TH ST.		2.3 STREET ADDRESS	450 Palm Circle West #103
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	Pembroke Pines, FL. 33025
				☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
				☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brian Stubbs Brian Stubbs 6-27-96 1-954-961-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025836 CP