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**

DOCUMENT # S54197 1. Corporation Name

A + TREE SERVICE, INC.

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Principal Place of Business Mailing Address								91817 57211 (881
2512 OVERLAKE AVE. 2512 OVERLAKE AVE.								
ORLANDO FL 32806 ORLANDO FL 32806						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 05/20/1991		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				59-3069233	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27	27			5. Certifcate of Status Desired	Fee Re	equired
City & Stat	e - ·	City & State	⊢ '			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curren		_
25 29			30			Personal Property Tax. Yes No		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	istered Agent	
				81	Name			
	MAN, RANDY` HILLCREST ST		82 Street Add			ess (P.O. Box Number is Not Acceptable	e)	
	ANDO FL 32801			83			_ 	
	1100 12 0200			33				
				84	City		FL 85 Zip	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida Statute ate of Florida. Such change was a ligations of, Section 607.0505, Flor	es, the at thorized ida Statu	by tutes.	-named corporation	oration submits this statement for the pun's board of directors. I hereby accept to	rpose of changing its he appointment as re	registered egistered
SIGNATURE								
_ _	Signature, typed or printed name of registered	-g-m and with a -pp		Agent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DPS IN 12
12.		AND DIRECTORS	13.	16		ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
TITLE	PST CDAIC SHEPPI I	C) DELETE						
NAME	CRAIG, SHERRI L		1.2 NA					ļ
STREET ADDRESS	2512 OVERLAKE AVE				ADDRESS			ł
CITY-ST-ZIP	ORLANDO FL 32806	C) DELETE	1.4 CIT		-ZIP		Change	Addition
TITLE		C) DELETE						
NAME			2.2 NA					
STREET ADDRESS					ADDRESS			ļ
CITY-ST-ZIP		☐ DELETE	2.4 CI		[-ZIP		☐ Change	Addition
TITLE -		L'AELE IE	3.1 TTT				[\rightarrow \text{virilize}	
NAME			3.2 NA					ì
STREET ADDRESS					ADDRESS			ĺ
CITY-ST-ZIP		[7] DELETE	3.4. CI		r-zip		Change	. ☐ Addition
TITLE		L] DECETE	4.1 TI					
NAME			4. 2 N/					
STREET ADDRESS					ADDRESS			}
CITY-ST-ZIP		[] prices	4.4 CI		-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TI				□ change	☐ Madagai
NAME			5.2 NA		*DODECO			}
STREET ADDRESS			•		ADDRESS			}
CITY-ST-ZIP			5.4 CF		-ZIP		П.С	☐ Addition
TITLE		☐ DELETE	6.1 TI				☐ Change	☐ AUGRORI
NAME			6.2 NA					}
CTDEET ADDDESS			6.3 \$1	REET.	ADDRESS			

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90045 022 ***150.00

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