## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## DOCUMENT # **V41497** 1. Corporation Name

DAVES TREE SERVICE, INC.

Katherine Harris Secretary of State 1999 DIVISION OF CORPORATIONS 02-20-1999 90091 028 \*\*\*150.00

## **FILED** Feb 20, 1999 8:00 am Secretary of State

3. Date Incorporated or Qualifed 06/05/1992  2. Principal Place of Business 2a. Mailing Address 25	Principal Place of Business Mailing Addre		Mailing Address	is			i 100ft 0110ft bibbt tillt Binin 19114 ten binit nent niett andt dente niett	
OLIV HILL FL 32117   S	1173 MANETTE	CIR	1173 MANETTE CIR					
Society   Soci		OLLY HILL FL 32117 HOLLY HILL FL 32117						
Principal Place of Business   2a, Mailing Address   4. FEI Number   Applied For   59-3128221   Not Applied For   59-312822	US							
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-3128221   Not Applicable   Not Applicable   Stute, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Stute   Status Desired   Fee Required							1 **	
Suite, Apt. #, etc.							06/05/1992	
Suite, Apt. #, etc.   25   27   28   30   29   30   29   20   30   20   20   20   20   20   20	2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
Suite, Apt. #, etc. 2   City & State	21		26				<b>59-3128221</b> Not Applicable	
City & State	,,,						\$8.75 Additional	
City & State  Country  City & Country  State  Personal Property Tax.  10. Name and Address of New Registered Again  The City State  Bas City Code  11. Name and Address of New Registered Again  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. 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, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes  SIGNATURE  Signature, typed or printed rame of registered agent and this if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPVS  OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  City St. Zip  City St. Zi	22	<b>├──</b>					5. Certificate of Status Desired	
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This coproration owes the current year Integrated Agent  9. Name and Address of Current Registered Agent  ROBERTS, DAVE 1173 MANETTE CIRCLE HOLLY HILL FL 32117  83  84 City  85 Street Address (P.O. Box Number is Not Acceptable)  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 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, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. STREET ADDRESS  GITY-ST-ZIP  11. Let Change Addition  11. Addition  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. STREET ADDRESS  17. STREET ADDRESS  18. Street Address (P.O. Box Number is Not Acceptable)  18. Trust Fund Control of the provision of Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of coffice or registered agent, and the statement for the purpose of changing its registered of coffice or registered agent, and the statement for the purpose of changing its registered of coffice or registered agent and the statement for the purpose of changing its registered of coffice or registered agent and the statement for the pu		te					6. Election Campaign Financing 55.00 May Be	
Zip Country Zip Country	23		28				Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  1173 MANETTE CIRCLE HOLLY HILL FL 32117  83 City  84 City  84 City  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 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, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, lipidation of the provisions of registered agent and this # applicable. (NOTE: Registered Agent signature required when revestaling)  DPVS OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  12 NAME NAME NOBERTS, DAVE W  1173 MANIETTE CIRCLE 1.1 TITLE 1.2 QFILL STATE 1.3 STREET ADDRESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additor TITLE NAME 1.3 STREET ADDRESS 1.3 TITLE 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CHANGE 2.2 NAME 2.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 1.5 CHANGES 1.5 STREET ADDRESS 1.5 TITLE 1.5 CHANGE Additor 1.6 CHANGE Additor 1.6 CHANGE Additor 1.6 CHANGE Additor 1.7 ST-ZIP 1.7 CHANGES ADDRESS 1.7 ST-ZIP 1.7 CHANGES AD		Country	Zip	Cour	ntry		8. This corporation owes the current year intangible	
9, Name and Address of Current Registered Agent  ROBERTS, DAVE 1173 MANETTE CIRCLE HOLLY HILL FL 32117  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  84 City  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 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, 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, 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 and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE  812 Street Address (P.O. Box Number is Not Acceptable)  113 Immate agent lam familiar with, and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE  124 OFFICERS AND DIRECTORS  135 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  125 OFFICERS AND DIRECTORS  127 NAME  128 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  129 Change Addition  140 Change Addition  140 Change Addition  150		25	29	30				
ROBERTS, DAVE 1173 MANETTE CIRCLE HOLLY HILL FL 32117  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 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, 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, and state if applicable.  SIGNATURE  SIGNATU	<u></u>			`			10. Name and Address of New Registered Agent	
11.73 MANETTE CIRCLE HOLLY HILL FL 32117  83    Street Address (P.O. Box Number is Not Acceptable)					81 N	lame		
11.73 MANETTE CIRCLE HOLLY HILL FL 32117  83    Street Address (P.O. Box Number is Not Acceptable)	ROBERTS, DAVE							
HOLLY HILL FL 32117    83					82 Street Address (P.O. Box Number is Not Acceptable)			
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office or 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								
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Horida Statutes.    SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the ab	ove-n	amed corpo	pration submits this statement for the purpose of changing its registered by board of directors. I bereby accept the appointment as registered	
SIGNATURE   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   TITLE   DPVS   DELETE   1.1 ITILE   ROBERTS, DAVE W   12.3 STREET ADDRESS   1173 MANETTE CIRCLE   1.3 STREET ADDRESS   1173 MANETTE CIRCLE   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.5 CIT	office or	registered agent, or both, in the Sta am familiar with, and accept the obl	ligations of, Section 607.0505, Flori	da Statı	ites.	Corporatio	in a board of directors. Thereby decopy the appointment as registers	
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DPVS	SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered	Agent siç	nature required	, , , , , , , , , , , , , , , , , , , ,	
NAME   ROBERTS, DAVE W   1.2 NAME   1.2 NAME   1.2 NAME   1.3 STREET ADDRESS   1173 MANETTE CIRCLE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   HOLLY HILL FL   DELETE   2.1 TITLE   Change   Addition	12.	OFFICERS	AND DIRECTORS	13.				
NAME         ROBERTS, DAVE W         1.2 NAME           STREET ADDRESS         1173 MANETTE CIRCLE         1.3 STREET ADDRESS           CITY-ST-ZIP         1.4 CITY-ST-ZIP           TITILE         DELETE         2.1 TITLE           NAME         22 NAME           STREET ADDRESS         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.3 STREET ADDRESS           CITY-ST-ZIP         Change           TITLE         3.4 CITY-ST-ZIP           TITLE         Change         Addition	TITLE	DPVS	☐ DELETE	1.1 111	1.E		☐ Change ☐ Additi	
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TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME         2.3 STREET ADDRESS								
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34. CITY-ST-ZIP     Change	STREET ADDRESS CITY-ST-ZIP			2.2 NA 2.3 ST 2.4 CI	ME REET AD TY-ST-Z			
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TITLE DELETE 4.1 TITLE Change Addition	STREET ADDRESS CITY- ST-ZIP TITLE NAME	3		2.2 NA 2.3 ST 2.4 CI 3.1 TT 3.2 NA	ME REET AD TY-ST-Z TLE IME	IP .		
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CITY-ST-ZIP 14. 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 control of the control of 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 or langed, or often attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

Addition

Addition