

1-22-97 B-0459 C
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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 830990 (8)

1. Corporation Name
THE F.A. BARTLETT TREE EXPERT COMPANY

Principal Place of Business
1290 EAST MAIN STREET
STAMFORD CT 06902

Mailing Address
P.O. BOX 3067
STAMFORD CT 06905-0067



3. Date Incorporated or Qualified
10/04/1974

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

06-0254490

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 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	CD	<input type="checkbox"/> DELETE
NAME	BARTLETT, R A	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLETT, ROBERT A JR.	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEISINGER, DONALD E JR.	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SIGNORINI, JOHN E	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KABURECK, GEORGE R	
STREET ADDRESS	121 HIGHLAND AVE.	
CITY-ST-ZIP	ROWAYTON CT 06853	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOLL, WILLIAM E	
STREET ADDRESS	C/O RIMER, #5 FORTH RIVER	
CITY-ST-ZIP	WILLIAMSBURG VA 23188	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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.

SIGNATURE: *Howard F. Ackley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-3-97
Daytime Phone #: 203-323-1131

CR2E034 (9/96)