

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

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90010 042 \*\*\*550.00

DOCUMENT # 830990

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1974

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 owes the current year Intangible  
Personal Property Tax. ☐ 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 checked="" 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 checked="" 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	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GREGORY S. DANIELS	
1.3 STREET ADDRESS	1290 EAST MAIN STREET	
1.4 CITY-ST-ZIP	STAMFORD, CT. 06902	
2.1 TITLE	CHAIRMAN/DIRECTOR	<input checked="" 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	VP/CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NICHOLAS J. CIRILLO	
6.3 STREET ADDRESS	1290 E. MAIN STREET	
6.4 CITY-ST-ZIP	STAMFORD, CT. 06902	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/99 (203) 323-1131

CR2E034 (11/98)