

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  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90059 031 \*\*\*158.75

DOCUMENT # 547944

1. Corporation Name  
QUALITY TREE SERVICE, INC.

Principal Place of Business

C/O EARL C. BETHUNE  
4615 ENTERPRISE AVE  
NAPLES FL 33942

Mailing Address

C/O EARL C. BETHUNE  
4615 ENTERPRISE AVE  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1977

4. FEI Number

59-1763052

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BETHUNE, EARL C.  
828 ST. CLAIR SHORES ROAD  
NAPLES FL 33942

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 PD ☐ DELETE

NAME BETHUNE, EARL C.  
STREET ADDRESS 828 ST. CLAIR SHS ROAD  
CITY-ST-ZIP NAPLES FL

TITLE VTD ☐ DELETE

NAME BETHUNE, SHIRLEY A.  
STREET ADDRESS 828 ST. CLAIR SHS ROAD  
CITY-ST-ZIP NAPLES FL

TITLE S ☐ DELETE

NAME BETHUNE, SHIRLEY A.  
STREET ADDRESS 828 ST. CLAIR SHS ROAD  
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ DELETE

NAME BETHUNE, EARL C. J.  
STREET ADDRESS 1121 ST. CLAIR SHORES RD.  
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ DELETE

NAME BETHUNE, MARVIN EUGENE  
STREET ADDRESS 3530 7TH AVE. N.W.  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Shirley A. Bethune  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99  
Date

(941) 643-0446  
Daytime Phone #

CR2E034 (11/98)

0456887