

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 12: 25

DOCUMENT # 847200

(3)

1. Corporation Name

LEWIS TREE SERVICE, INC.

Principal Place of Business

**225 BALLANTYNE RD
PO BOX 20562
ROCHESTER NY 14602
US**

Mailing Address

**225 BALLANTYNE RD
PO BOX 20562
ROCHESTER NY 14602
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1980

3a. Date of Last Report

02/23/1994

4. FEI Number

16-1004851

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 of agent, or predecessor of registered agent, and his or her authorized representative.

NOTE: Registered Agent signature required when reappointing.

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC
NAME	TERRY, THOMAS, JR.
STREET ADDRESS	225 BALLANTYNE ROAD
CITY, ST, ZIP	ROCHESTER NY
TITLE	XX
NAME	HOOPER, ROBERT
STREET ADDRESS	225 BALLANTYNE ROAD
CITY, ST, ZIP	ROCHESTER NY
TITLE	K
NAME	REDMAN, JOSEPH
STREET ADDRESS	225 BALLANTYNE ROAD
CITY, ST, ZIP	ROCHESTER NY
TITLE	VD
NAME	ALT, RICHARD C.
STREET ADDRESS	225 BALLANTYNE RD
CITY, ST, ZIP	ROCHESTER NY
TITLE	VS
NAME	LEWIS, MICHAEL
STREET ADDRESS	225 BALLANTYNE RD
CITY, ST, ZIP	ROCHESTER NY
TITLE	V
NAME	SKIVINGTON, MICHAEL
STREET ADDRESS	225 BALLANTYNE ROAD
CITY, ST, ZIP	ROCHESTER NY

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	V/T
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

PLEASE SEE ATTACHMENT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Joseph L. Redman **Joseph L. Redman**

3/15/95

(716) 436-3208

Date

Telephone Number