

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000002238

Entity Name: FRADY TREE SERVICE, INC.

FILED  
Dec 20, 2006  
Secretary of State

## Current Principal Place of Business:

415 SOUTHBOUND ST.  
LEXINGTON, NC 27293

## New Principal Place of Business:

## Current Mailing Address:

415 SOUTHBOUND ST.  
LEXINGTON, NC 27293

## New Mailing Address:

FEI Number: 94-3430223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKERS, JOSEPH  
8125 PENSACOLA BLVD.  
PENSACOLA, FL 32534 US

## Name and Address of New Registered Agent:

SEXTON, LACY  
2172 WEST NINE MILE ROAD  
PMB 364  
PENSACOLA, FL 32534 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LACY M. SEXTON

12/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: FRADY, KELLY S  
Address: PO BOX 1781  
City-St-Zip: LEXINGTON, NC 27293

Title: WVC ( ) Delete  
Name: BROWN, JOHNNY B  
Address: 1815 CHESTNUT DR.  
City-St-Zip: HIGH POINT, NC 27262

Title: SD ( ) Delete  
Name: FRADY, TANYA C  
Address: PO BOX 1781  
City-St-Zip: LEXINGTON, NC 27293

Title: TD ( ) Delete  
Name: CARRICK, RALPH E  
Address: 253 W. 6TH ST.  
City-St-Zip: LEXINGTON, NC 27292

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LACY M. SEXTON

RM

12/20/2006

Electronic Signature of Signing Officer or Director

Date