

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

APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H93176

(6)

1. Corporation Name

ARBOR TREE MANAGEMENT, INC.

Principal Place of Business

2200 BEE RIDGE RD.
SARASOTA FL 34239

Mailing Address

2200 BEE RIDGE RD.
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1986

3a. Date of Last Report

02/18/1994

4. FEI Number

59-2620446

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

LARSEN, GARY H
1750 RINGLING BLVD, PO BOX 3979
SARASOTA FL 34230

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 of Registered Agent required when changing agent)

(Signature of Registered Agent required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

DVP
DICKINSON, PATRICK H.
1750 RINGLING BLVD
SARASOTA FL

12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY - ST - ZIP

DP
GEYER, ROBERT
2200 BEE RIDGE RD.
SARASOTA FL

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY - ST - ZIP

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY - ST - ZIP

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY - ST - ZIP

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY - ST - ZIP

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY - ST - ZIP

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY - ST - ZIP

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I, the undersigned, 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 selected 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. I am an officer or director of this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Geyer, President, 2/22/95 813-366-7800

Date

Signature Number