

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 04 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # J54464 (9)**  
1. Corporation Name  
**LARRY'S TREE SERVICE, INC.**



Principal Place of Business  
**3251 NW 27TH AVE  
POMPANO BCH FL 33064  
US**

Mailing Address  
**6466 N.W. 80TH TERR.  
PARKLAND FL 33067**

2. Principal Place of Business  
21 **3700 NW 33RD ST**  
Suite, Apt. #, etc.  
22 **3**  
City & State  
23 **Pompa Bch FL 3**  
Zip Country  
24 **33064** 25 **U.S.A**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

3. Date Incorporated or Qualified **01/30/1987** 3a. Date of Last Report **04/12/1995**  
4. FET Number **65-0244403** 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

9. Name and Address of Current Registered Agent

**TRAUTH, SCOTT R.  
6466 N.W. 80TH TERR.  
PARKLAND FL 33067**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	TRAUTH, SCOTT R.	6466 N.W. 80TH TERR.	PARKLAND FL	<input type="checkbox"/>
V	TRAUTH, KATHIE J.	6466 N.W. 80TH TERR.	PARKLAND FL	<input type="checkbox"/>
S	KNOPE, AMY LYNN	6466 NW 80TH TERRACE	PARKLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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:** *Kathie J. Trauth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/25/96* **975-753-7393**  
Daytime Phone

CR2E034 (12/95)