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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54464

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90193 028 ***150.00

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LARRY'S TREE SERVICE, INC.							1			
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Principal Place of Business Mailing Address							- I IMMIESON MEGNE MERES MINESON ME	(14) 816) 616) 616)	is Riffet midie	E B 1 B S 1 B 1
2700 NW 33RD ST 6466 N.W. 80TH TERR.							¥ ^a			
POMPANO BCH FL 33064 PARKLAND FL 33067							DO NOT WRITE IN THIS SPACE			
US							3. Date Incorporated or Qualifed	IE IN THIS S	PACE	
,							01/30/1987			
2 Principal P	2. Principal Place of Business			2a. Mailing Address			4. FEI Number		A	oplied For
	21			26			65-0244403	والمستدر والمستويد والمستويد	***	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75	Additional	
22			27			5. Certificate of Status Desired	U	Fee Re	equired	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
23			28			Trust Fund Contribution Added to Fees				
Zip		Country	Zip		Country		8. This corporation owes the curr			
24	25		29	30			Personal Property Tax.		l Yes	<u></u>
	9. Name and	Address of Curre	nt Registered Agent		81 Na	me	10. Name and Address of New I	Registered A	gent	
TRA	UTH, SCOTT R	•								
6466 N.W. 80TH TERR.					82 St	eet Addre	ss (P.O. Box Number is Not Accepted	able)		
PARKLAND FL 33067					83					
1 Armonia i E 33007										
1		·	,		84 Ci	у	1	FL	85 Zip	Code
11 Pursuant	to the provisions	offSections 607 050	2 and 607 1508. Florid	la Statutes, 1	the above-nai	ned corpo	ration submits this statement for the		l l hanging its	registered
office or r	registered agent, o	or toth, in the State	of Florida, Such chance	e was autho	orized by the	orporation	ration submits this statement for the ris board of directors. I hereby acces	ot the appoint	ment as re	gistered:
		Scept the dougs			TRA		1)	4/11	199	ĺ
SIGNATURE	Signature, typed or prin	ted name of registered age			istered Agent sign		when reinstating)	DATE	7 1 1	}
12.		OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF			
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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:



4/16/90

954 753-7393

Daytime Phone #