

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K11185 (1)**
1. Corporation Name
ACTION TREE SERVICE OF CHARLOTTE COUNTY, INC.



Principal Place of Business: **23380 JANICE AVE WHIDDEN IND. PARK CHARLOTTE HARBOR FL 33980**
Mailing Address: **23380 JANICE AVE WHIDDEN IND. PARK CHARLOTTE HARBOR FL 33980**

3. Date Incorporated or Qualified: **01/04/1988** 3a. Date of Last Report: **03/31/1995**
4. FEI Number: **NOT APPLICABLE** 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAZELTINE, MICHAEL D.
20456 VANGUARD
PORT CHARLOTTE FL 33954**

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 607.0105, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

DATE Registered Agent's signature required expires (Date)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAZELTINE, MICHAEL D.	
STREET ADDRESS	20456 VANGUARD	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAZELTINE, STEVEN C.	
STREET ADDRESS	17212 KELLOG AVE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAZELTINE, NANCY A.	
STREET ADDRESS	17212 KELLOG AVE	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAZELTINE, REBECCA	
STREET ADDRESS	20456 VANGUARD	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *Nancy A. Hazeltine* **Nancy A. Hazeltine SEC.** 4-15-96 (941) 625-7863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date & Phone #

CR2E034 (12/95)