

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		Mailing Address		23380 JANICE AVE WHIDDEN IND. PARK CHARLOTTE HARBOR FL 33980	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/04/1988</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>03/31/1995</b>	
22 City & State		27 City & State		4. FEI Number <b>NOT APPLICABLE</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 607.0505, Florida Statutes.					
SIGNATURE					
Signature (typing printed name of registered agent and title is acceptable) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	HAZELTINE, MICHAEL D.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	20456 VANGUARD		11 TITLE		
CITY - ST - ZIP	PORT CHARLOTTE FL		12 NAME		
TITLE	DP	<input type="checkbox"/> DELETE	13 STREET ADDRESS		
NAME	HAZELTINE, STEVEN C.		14 CITY - ST - ZIP		
STREET ADDRESS	17212 KELLOG AVE		21 TITLE		
CITY - ST - ZIP	PORT CHARLOTTE FL		22 NAME		
TITLE	S	<input type="checkbox"/> DELETE	23 STREET ADDRESS		
NAME	HAZELTINE, NANCY A.		24 CITY - ST - ZIP		
STREET ADDRESS	17212 KELLOG AVE		31 TITLE		
CITY - ST - ZIP	PT CHARLOTTE FL		32 NAME		
TITLE	T	<input type="checkbox"/> DELETE	33 STREET ADDRESS		
NAME	HAZELTINE, REBECCA		34 CITY - ST - ZIP		
STREET ADDRESS	20456 VANGUARD		41 TITLE		
CITY - ST - ZIP	PT CHARLOTTE FL		42 NAME		
TITLE		<input type="checkbox"/> DELETE	43 STREET ADDRESS		
NAME			44 CITY - ST - ZIP		
STREET ADDRESS			51 TITLE		
CITY - ST - ZIP			52 NAME		
TITLE		<input type="checkbox"/> DELETE	53 STREET ADDRESS		
NAME			54 CITY - ST - ZIP		
STREET ADDRESS			61 TITLE		
CITY - ST - ZIP			62 NAME		
TITLE		<input type="checkbox"/> DELETE	63 STREET ADDRESS		
NAME			64 CITY - ST - ZIP		
STREET ADDRESS					
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) (Daytime Phone #)

CR2E034 (12/95)