FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K11185

(1)

ACTION TREE SERVICE OF CHARLOTTE COUNTY, INC.

ACTION	THEE SERVICE OF CHAR	ROTTE COUNTY, IN	NO.		
Principal Place of Business		Mailing Address			- I TORKHIK BOL KROK HIBAN INDUL BURK BIRN BIRNI BOLK BIRK BIRNI BOTIL DOLK
23380 JANICE AVE WHIDDEN IND. PARK CHARLOTTE HARBOR FL 33980		23380 JANICE AVE WHIDDEN IND. PARK CHARLOTTE HARBOR FL 33980			DO NOT WRITE IN THIS SPACE
***************************************					3. Date Incorporated or Qualified
					01/04/1988
2. Principal Place of Business		2a, Mailing Address			4. FEI Number Applied For
21		26			NOT APPLICABLE Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country		rv	8. This corporation owes or has paid the current year Intangible
24	25	29	30	•	Personal Property Tax due June 30. Yes No
g. Name and Address of Currer					10. Name and Address of New Registered Agent
HA	ZELTINE, MICHAEL D.		8	1 Name	
	56 VANGUARD		8	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)
PORT CHARLOTTE FL 33954					solodo (i. i.o. box variable io rioc videoptable)
			6	3	
			8	4 City	85 Zip Code
				<u> </u>	PL
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 register.					
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					
12.	Signature, typed or printed name of registered age OF FICERS AN	ID DIRECTORS	INOTE: Registered A	gent signature re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP OT TOUR NA	DELETE		: -	Change Addition
NAME	HAZELTINE, MICHAEL D.	- ··· -	1.2 NAM	1	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	A		1	ET ADORESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP		
TITLE					☐ Change ☐ Addition
NAME	HAZELTINE, STEVEN C.		2.2 NAME		
STREET ADDRESS	17212 KELLOG AVE		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP		'-ST-ZIP	
TITLE	8	☐ DELETE	3.1 TITLE		□ Change □ Addition
NAME	HAZELTINE, NANCY A.		3.2 NAM	E	
STREET ADDRESS	17212 KELLOG AVE		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL			'-ST-ZIP	
TITLE	Ţ	☐ DELETE	4.1 T)TLI		Change Addition
NAME	HAZELTINE, REBECCA		4. 2 NAN	l l	
STREET ADDRESS	20456 VANGUARO			ET AODRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	Driete	4.4 CITY		☐ Change ☐ Addition
TITLE		L_ DELETE	1	1	☐ Change ☐ Addition
NAME PROCEST ADDRESS			5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE		☐ Change ☐ Addition
NAME		LJ bettit	6.2 NAM	1	El change El voduton
i i				- Y	
STREET ADDRESS			0.3 STRE	ET ADDRESS	

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 supplimental 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: 1000014 A. Hazeltine. 1010016 April 101