

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **K51595** (2)

1. Corporation Name

DEANE BROTHERS TREE & LAWN SERVICE, INC.

05 MAY -1 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

HOMESTEAD RD S
214A
LEHIGH ACRES FL 33906
US

Mailing Address

18 CANTON AVENUE
LEHIGH ACRES FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last Report 05/01/1994
4. FET Number 65-0092565	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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

DEANE, JAMES A.
18 CANTON AVENUE
LEHIGH ACRES FL 33906

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 of President or other officer of corporation or registered agent, and the applicable

NOTE: Registered Agent signature required when recording.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	DEANE, JAMES A.	2.1 NAME	
3. STREET ADDRESS	18 CANTON AVENUE	3.1 STREET ADDRESS	
4. CITY, ST, ZIP	LEHIGH ACRES FL	4.1 CITY, ST, ZIP	
5. TITLE	VTS	5.1 TITLE	☐ Change ☐ Addition
6. NAME	DEANE, KATHLEEN N.	6.1 NAME	
7. STREET ADDRESS	18 CANTON AVENUE	7.1 STREET ADDRESS	
8. CITY, ST, ZIP	LEHIGH ACRES FL	8.1 CITY, ST, ZIP	
9. TITLE		9.1 TITLE	☐ Change ☐ Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY, ST, ZIP		12.1 CITY, ST, ZIP	
13. TITLE		13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST, ZIP		16.1 CITY, ST, ZIP	
17. TITLE		17.1 TITLE	☐ Change ☐ Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, ST, ZIP		20.1 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 111.07(5)(b), Florida Statutes. Further, I 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 liquidator 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:

Kathleen N. Deane
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (813)368-0005