

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 # **K87453**

(2)

1. Corporation Name

SARASOTA TREE SERVICE, INC.



Principal Place of Business

**C/O JAMES A. SALADINO
3012 WILLIAMSBURG ST
SARASOTA FL 34231
US**

Mailing Address

**C/O JAMES A. SALADINO
3012 WILLIAMSBURG S
SARASOTA FL 34231
US**

3. Date Incorporated or Qualified
05/11/1989

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

21 480 Faith Avenue

Suite, Apt. #, etc.

22

City & State

23 Osprey, FL 34229

Zip

Country

24

25 US

2a. Mailing Address

26 480 Faith Avenue

Suite, Apt. #, etc.

27

City & State

28 Osprey, FL 34229

Zip

Country

29

30 US

4. FEI Number

65-0118131

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLASS, MICHAEL
1872 S TAMiami TRAIL
S-D
VENICE FL 34293**

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
SALADINO, JAMES A.
3012 WILLIAMSBURG ST
SARASOTA FL**

TITLE ☐ DELETE

**ST
SALADINO, JAMES
3012 WILLIAMS GARG STR
SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD
SALADINO, JAMES A.
480 Faith Avenue
Osprey, FL 34229**

2.1 TITLE ☒ Change ☐ Addition

**ST
SALADINO, JAMES
480 Faith Avenue
Osprey, FL 34229**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. SALADINO

President 2-15-96 (941) 924-7132

Date

Daytime Phone #

CR2E034 (12/95)