


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90066 006 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																									
DOCUMENT # K87453 1. Corporation Name SARASOTA TREE SERVICE, INC.																																											
Principal Place of Business 480 FAITH AVENUE OSPREY FL 34229 US		Mailing Address 480 FAITH AVENUE OSPREY FL 34229 US																																									
2. Principal Place of Business 21		2a. Mailing Address 26																																									
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27																																									
City & State 23		City & State 28																																									
Zip Country 24 25		Zip Country 29 30																																									
9. Name and Address of Current Registered Agent DOUGLASS, MIKE 1872 S TAMiami TRAIL SUITE D VENICE FL 33595																																											
10. Name and Address of New Registered Agent 81 Name: JAMES A. SALADINO 82 Street Address (P.O. Box Number is Not Acceptable): 480 FAITH AVE. 83 84 City: OSPREY FL 85 Zip Code: 34229																																											
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: <i>James A. Saladino</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4-24-99																																											
12. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>DELETE</th></tr></thead><tbody><tr><td>DPT.</td><td>SALADINO, JAMES A</td><td>480 FAITH AVENUE</td><td>OSPREY FL 34229</td><td><input type="checkbox"/></td></tr><tr><td>DVPS</td><td>SALADINO, PAMELA</td><td>480 FAITH AVENUE</td><td>OSPREY FL</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	DPT.	SALADINO, JAMES A	480 FAITH AVENUE	OSPREY FL 34229	<input type="checkbox"/>	DVPS	SALADINO, PAMELA	480 FAITH AVENUE	OSPREY FL	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>DELETE</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
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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 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, with all other like empowered.

SIGNATURE: *James A. Saladino Pres* DATE: **4-24-99** TELEPHONE: **941-424-7132**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)