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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K87453

SARASOTA TREE SERVICE, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90066 006 ***150.00

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Principal Pla	ce of Business	Mailing Address						
480 FAITH AVENUE 480 FAITH AVENUE OSPREY FL 34229 OSPREY FL 34229								
US US	4225	US			DO NO	T WRITE IN TI	IIS SPACE	
					3. Date Incorporated or Qu 05/11/1989	ualifed		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0118131		No	Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Des	ired [\$8.75 A Fee Re	
City & Sta	ate	City & State			6. Election Campaign Fina	-	\$5.00	· 1
23		28			Trust F und Contribution		Added to	Fees
Zip 24	Courtry 25		Zip Country 29 30		 This corporation owes to Personal Property Tax. 	ne current year		IJNo I
	9. Name and Address of Curr		201		10. Name and Address of	New Registere	d Agent	
				81 Name	1			
DO	UGLASS, MIKE		}	82 Street Addr	ess (P.O. Box Number is Not A	ADIATE	i	
187	2 S TAMIAMI TRAIL			Street Addr	O FAITH	(CCEDIADIE)	.•	
l	TE D		j	83	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
VEN	NICE FL 33595		Ì	<u> </u>	<u> </u>		70-70-6	
			İ	84 City	SPRZ.L	F	L 85 Zip C	725
11. Pursuan	t to the provisions of Sections 607.0	502 and 607.1508, Florida Statule	s, the at	ove-named co p	oration submits this statement	for the purpose	of changing its	registered
office or	registered agent, or both, in the Star and ramiliar with, and accept the obli	te or Florida, Such change was at petions of Section 607,0505. Flor	ithorized ida Statu	by the corporation	on's board of directors. I hereby	y accept the app	ontment as reg	gistered
- 1		Tours There	101	indus.	Dec 4	1-74-9	9	
SIGNATURE	Signature, typed or printee han and registered a	gent and title it and to (NOTE:	Registered	Agent signature required	d when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIC NS/CHANGES	TO OFFICERS		
TITLE	DPT.	☐ DELETE	1.1 TIT	LE			☐ Change	Addition
NAME	SALADINO, JAMES A		1.2 NA	ME				ĺ
STREET ADDRESS	1		1.3 STI	REET ADDRESS)
CITY-ST-ZIP	OSPREY FL 34229			Y-ST-ZIP				
TITLE	DVPS	☐ DELETE	2.1 TIT	LE			☐ Change	Addition
NAME	SALADINO, PAMELA		2.2 NA	ME				
STREET ADDRES			2.3 ST	REET ADDRESS				Ì
CITY-ST-ZIP	OSPREY FL			TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TiT				Change	☐ Addition
NAME			3.2 NA					
STREET ADDRES	3		1	REET ADDRESS)
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NAME			4 2 NA					
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CITY-ST-ZIP	· 	DELETE	4.4 CIT	Y-ST-ZIP			☐ Change	☐ Addition
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NAME atpett appears	.]			REET ADORESS				
STREET ADDRESS	1			Y-ST-ZIP				}
CITY-ST-ZIP		☐ DELETE	6.1 TIT				☐ Change	Addition
TITLE		- orreit	6.2 NA				- Augusta	_3 :
NAME			7.2.00					1
	<u> </u>		E3 CTI	REET ADDRESS				
STREET ADDRESS	S			REET ADDRESS Y-ST-ZIP				1

14. I hereby sertify that the information supplied with this filling 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 007. 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:

MPS A SALADINO Pres