

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L07478 (5)

1. Corporation Name

MID-STATE TREE SERVICE, INC.



Principal Place of Business

Mailing Address

1315 WHEELER RD
P.O. BOX 312
APOPKA FL 32704-7312
US

1315 WHEELER RD
P.O. BOX 312
APOPKA FL 32704-7312
US

3. Date Incorporated or Qualified
08/08/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3025 Silver Star Rd.

26 P.O. Box 312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #114

27

City & State

City & State

23 Orlando FL

28 Apopka FL

Zip

Country

Zip

Country

24 32808

25 USA

29 32704-0312

30 USA

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

OGDEN, BECKY S.
1315 WHEELER RD
APOPKA FL 32703

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 607.1538, 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, if it is not applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
OGDEN, STEPHEN R.
STREET ADDRESS
2909 NEIL ROAD
CITY-ST-ZIP
APOPKA FL

TITLE ☐ DELETE

NAME
SEAY, RICKY L.
STREET ADDRESS
5458 CAURUS CT.
CITY-ST-ZIP
ORLANDO FL

TITLE ☒ DELETE

NAME
SEAY, RICKY L.
STREET ADDRESS
5458 CAURUS CT.
CITY-ST-ZIP
ORLANDO FL

TITLE ☒ DELETE

NAME
OGDEN, STEPHEN R.
STREET ADDRESS
1315 WHEELER RD.
CITY-ST-ZIP
APOPKA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
1315 Wheeler Rd.
14 CITY-ST-ZIP
Apopka, FL. 32703

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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

May 15, 1996 (407) 578-2689
Daytime Phone #

CR2E034 (12/95)