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CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **L45390** **(6)**

1. Corporation Name
**TREE GUARD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4675 PONCE DELEON BLVD.<br>STE. #305<br>CORAL GABLES FL 33146 | 4675 PONCE DELEON BLVD.<br>STE. #305<br>CORAL GABLES FL 33146 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/22/1990**
3a. Date of Last Report: **07/18/1994**

| | | | |
|---|---|---|---|
| 21 2. Principal Place of Business | 26 2a. Mailing Address | 4. FEI Number: **72-1164310** | ☐ Applied For ☐ Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 23 City & State | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 24 Zip / 25 Country | 29 Zip / 30 Country | 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 |
|---|---|
| STINSON, LOUIS, JR.<br>4675 PONCE DELEON BLVD.<br>STE. #305<br>CORAL GABLES FL 33146 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | S<br>STINSON, LOUIS, JR.<br>4675 PONCE DE LEON BLVD. #305<br>CORAL GABLES FL 33146 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VPS<br>RAIDL, ANGELA M<br>1951 TAVERN ROAD<br>ALPINE CA 91901 | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | ☑ Change ☐ Addition<br>President / Secretary<br>Raidl, Angela M<br>1951 Tavern Road<br>Alpine, CA 91901 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>LARRY BENFORADO<br>7658 EAGLET COURT<br>FT. MYERS FL | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | ☑ Change ☐ Addition<br>REMOVE |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | P<br>OWENS, STEPHEN<br>10740 KENNY ST. #401<br>SANTEE CA 92071 | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | ☑ Change ☐ Addition<br>Vice President<br>Owens, Stephen<br>10740 Kenny St #401<br>Santee, CA 92071 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>BENFORADO, KATHLEEN<br>7658 EAGLET COURT<br>FT. MYERS FL | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | ☑ Change ☐ Addition<br>REMOVE |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | ☐ Change ☐ Addition |

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)(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.

**SIGNATURE:** Angela M Raidl x 4/28/95 x 1-800-479-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0160389 CP