

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 # **L64682** (2)

1. Corporation Name
DAVIDSON'S CITRUS TREE REMOVAL, INC.



Principal Place of Business

**C/O ROBERT DAVIDSON
4101 E AVON PINES RD
AVON PARK FL 33825
US**

Mailing Address

**C/O ROBERT DAVIDSON
4101 E AVON PINES RD
AVON PARK FL 33825
US**

3. Date Incorporated or Qualified **04/09/1990** 3a. Date of Last Report **06/16/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2995624	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**DAVIDSON, ROBERT
750 EAST CORNELL
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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 of Registered Agent (Typed Name of Registered Agent)

Signature of Registered Agent (Typed Name of Registered Agent)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME	☐ DELETE	1.2 NAME	
3. NAME	☐ DELETE	1.3 STREET ADDRESS	
4. NAME	☐ DELETE	1.4 CITY - ST - ZIP	
5. NAME	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
6. NAME	☐ DELETE	2.2 NAME	
7. NAME	☐ DELETE	2.3 STREET ADDRESS	
8. NAME	☐ DELETE	2.4 CITY - ST - ZIP	
9. NAME	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
10. NAME	☐ DELETE	3.2 NAME	
11. NAME	☐ DELETE	3.3 STREET ADDRESS	
12. NAME	☐ DELETE	3.4 CITY - ST - ZIP	
13. NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. NAME	☐ DELETE	4.2 NAME	
15. NAME	☐ DELETE	4.3 STREET ADDRESS	
16. NAME	☐ DELETE	4.4 CITY - ST - ZIP	
17. NAME	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. NAME	☐ DELETE	5.2 NAME	
19. NAME	☐ DELETE	5.3 STREET ADDRESS	
20. NAME	☐ DELETE	5.4 CITY - ST - ZIP	
21. NAME	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
22. NAME	☐ DELETE	6.2 NAME	
23. NAME	☐ DELETE	6.3 STREET ADDRESS	
24. NAME	☐ DELETE	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:

Robert E. Davidson **ROBERT E. DAVIDSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 **941-452-1790**
Date Date of Filing

CR2E034 (12/95)