FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L72701** **(0)**

1. Corporation Name

FLORIDA ARBORIST ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
1120 ROYAL PALM BEACH BLVD. ~~BOX #135~~ #135 ROYAL PALM BEACH FL 33411	1120 ROYAL PALM BEACH BLVD. ~~BOX #135~~ #135 ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business	2a. Mailing Address
21 1120 ROYAL PALM BLVD BL	26 1120 ROYAL PALM BLVD BL
Suite, Apt. #, etc. 22 BOX #135	Suite, Apt. #, etc. 27 BOX #135
City & State 23 ROYAL PALM BCH FL	City & State 28 ROYAL PALM BCH FL
Zip / Country 24 33411 / 25 PALM BCH	Zip / Country 29 33411 / 30 PALM BCH

4. FEI Number: 65-0198087 — ☐ Applied For ☐ Not Applicable

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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAXWELL, RICHARD 1120 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411-1607	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 607.1508, 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VD~~	11 TITLE	P ☒ Change ☒ Addition
NAME	~~MAXWELL, RICHARD~~	12 NAME	DIMOV, RON
STREET ADDRESS	~~11088 54TH ST. N.~~	13 STREET ADDRESS	319 NORTH LAKESIDE DR
CITY-ST-ZIP	~~ROYAL PALM BEACH FL~~	14 CITY-ST-ZIP	LAKE WORTH, FLORIDA 33460
TITLE	~~VD~~	21 TITLE	S ☐ Change ☒ Addition
NAME	~~GAMBLE, JAMES~~	22 NAME	TURNER, RANDY
STREET ADDRESS	~~11088 54TH ST. N.~~	23 STREET ADDRESS	16354 S. MILITARY TRAIL BLVD.
CITY-ST-ZIP	~~ROYAL PALM BEACH FL~~	24 CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	ZIMMERMAN, MICHAEL	32 NAME	
STREET ADDRESS	~~11088 54TH ST. N.~~	33 STREET ADDRESS	4660 71ST CT SO.
CITY-ST-ZIP	~~ROYAL PALM BEACH FL~~	34 CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	~~PD~~	41 TITLE	☐ Change ☐ Addition
NAME	~~VAEGER, RICHARD~~	42 NAME	
STREET ADDRESS	~~11088 54TH ST. N.~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~ROYAL PALM BEACH FL~~	44 CITY-ST-ZIP	
TITLE	~~SD~~	51 TITLE	☐ Change ☐ Addition
NAME	~~HOYT, JERRI~~	52 NAME	
STREET ADDRESS	~~11088 54TH ST. N.~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~ROYAL PALM BEACH FL~~	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	DUDLEY, BRIAN	62 NAME	
STREET ADDRESS	800 EAST ST.	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	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)(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: _____ 03/13/95 407-844-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0951900 CP