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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M97789 (5)
1. Corporation Name
POPE'S TREE SURGERY, INC.



Principal Place of Business
C/O BENJAMIN C. POPE, JR.
511 TELFAIR RD.
BRANDON FL 33510-2010

Mailing Address
C/O BENJAMIN C. POPE, JR.
511 TELFAIR RD.
BRANDON FL 33510-2010

3. Date Incorporated or Qualified 09/09/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 3405 JUANITA DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 3405 JUANITA DRIVE
Suite, Apt. #, etc.

4. FEI Number 59-2905816
Applied For Not Applicable

22 City & State
23 PLANT City FL

27 City & State
28 PLANT City FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33567
25 HILLSBOROUGH
29 33567
30 HILLSBOROUGH

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
POPE, BENJAMIN C., JR.
511 TELFAIR RD.
BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name JAMES H. POPE
82 Street Address (P.O. Box Number is Not Acceptable) 3405 JUANITA DRIVE
83
84 City PLANT City FL 85 Zip Code 33567

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 James H. Pope, President
Signature typed or printed name of registered agent and title if applicable.

APR 16/1997
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	POPE, BENJAMIN C. JR.	511 TELFAIR RD	BRANDON FL	<input checked="" type="checkbox"/>
D	POPE, DALE E.	4308 DRAWDY RD SOUTH	PLANT CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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 James H. Pope, President
Signature typed or printed name of registered agent and title if applicable.

CR2E034 (9/96)