FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 09 1997 8:00am

Secretary of State

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Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000628 (6)

LEE'S TREES AND LANDSCAPING, INC.

							<u> </u>			
Principal Place of Business Mailing Address								30(4) 0231(034)0 3	(16 1486)	1011 1001
1687 MANASOTA BEACH ROAD EAST ENGLEWOOD FL 34223			1687 MANASOTA BEACH ROAD EAST ENGLEWOOD FL 34223-6345							
							3. Date Incorporated or Qualified 12/30/1992	3a. Date of 05/09/19		port
2. Principal F	Place of Business	2a. Mailing Address			~··	4. FEI Number		Ap	plied For	
21			26				65-0390415 Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5 Continue of Otalian Decimal	\$8	3.75 △	dditional	
22			27				5. Certificate of Status Desired		Fee Re	quired
City & State			City & State				6. Election Campaign Financing	\$	5.00	May Be
23			26				Trust Fund Contribution Added to Fees			
Zip	Cor	ntry	Zip	<u> </u>	Country	<i>t</i>	8. This corporation has liability for	intangible tax u	nder s.	199.032,
24	25	29				Florida Statutes Yes No				
	9. Name and Ad			<u> </u>		T	10. Name and Address of New Re	gistered Agen	<u>t</u>	
	Liams, Parker, H		Z & GETZEN		81	Name				
ROBERT W. BENJAMIN					82	82 Street Address (P.O. Box Number is Not Acceptable)				
1550 RINGLING BLVD.										
SAR	ASOTA FL 34238		83							
					84	Crty		FL 85	Zip C	Code
11. Pursuant office or	to the provisions of S registered agent, or t	ections 607.0502 oth, in the State of	and 607.1508, Flo f Florida, Such ch	orida Statutes lange was aut	, the above horized b	e-named cor y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of char of the appointm	nging its	s registered registered
	arri idenimar virti, ario i	scoopt the ornigan	ons or, cochon of	37.0000, F (6)	ou outoio	G .				
SIGNATURE	Signature, typed or printed i	name of registered agent	and title if applicable.	(NOTE F	legistered Ag	ent signatura requ	ired wher reinstaling)	DATE		
12.		OFFICERS AND	DIRECTORS	·	18.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P			DEFETE	11 30 LE				Change	Addition
NAME	LEE, PETER J	1.2 N								
STREET ADDRESS 1687 MANASOTA BEACH ROA			EAST 1.8 STREET A			ADDRESS				
CITY-ST-ZIP	ITY-ST-ZIP ENGLEWOOD FL 34223			1.# C						
TITLE	VP			DELETE	21 1ITLE				hange	Addition
NAME	WILLIAM, G. LEE				2 P NAME					
STREET ADDRESS	1687 MANASOTA	EAST 2BS			ADDRESS					
CITY-ST-ZIP	ENGLEWOOD FL	34223			2 4 CHY-	ST-ZIP	•			
TITLE	81			DELETE	3.1 TITLE				Change	Addition
NAME	LEE, LOIS A				3.2 NAME					
STREET ADDRESS	1687 MANASOTA		EAST		3.3 STREE	I ADDRESS				
CITY-\$1-ZIP	ENGLEWOOD FL	. 34223			34. CITY-	ST-ZIP				
TITLE				DELETE	4.1 TITLE				Change	Addition
NAME					4.2 NAME					
STREET ADDRESS					4.3 STREE	ADDRESS				ļ
CITY-ST-ZIP					4.4 CHY-	ST-7IP				
TITLE				DELETE	5.1 TITLE				hange	Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREE	ADDRESS				
CITY-ST-ZIP	<u></u>				5,4 CHY-	ST - ZIP				
TITLE				DELETE	6.1 TITLE				Change	Addition
NAME					6.2 NAME					

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 offect as if made under eath; that I am an officer or director of the corporation or the receiver or twisted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, group an attachment with an address.