## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034390 (3)

E. S. P. TREE SERVICE, INC.

Principal Place of Business

Mailing Address

## FILED May 06 1998 8:00am Secretary of State



5-1-1-4-26-98

4052 MAHOGANY BLVD 4052 MAHOGANY BLVD BUNNELL FL 32110 BUNNELL FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Hibscus St. 21 **66**/2 P.O. Box 59-3190772 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be innell Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible usa <u>u.s</u>, A 32110 ☐ No 25 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent Name and Address of New Registered Agent BLOOM, GARY 1 FLORIDA PARK DR Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 230** 83 PALM COAST FL 32137 Zip Code City 85 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 Horida. 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, typed or protect name of registered agent and title if applicable (NOTE Registered Agent signeture required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITEE 1.1 TITLE **SCHEDIN, BARRY J** NAME 1.2 NAME 2E034 4052 MAHOGANY AVE 6612 Hibiscus St. STREET ADDRESS 1.3 STREET ADDRESS **BUNNELL FL** Bunnell, FL 32110 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME . STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 attackment with an address.