

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:43

DOCUMENT # P93000055413 (7)

1. Corporation Name

AMERICAN TREE EXPERTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**250 LAKES DR.
DEERFIELD BEACH FL 3342**

Mailing Address

**250 LAKES DR.
DEERFIELD BEACH FL 3342**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0427729

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 S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 229 SE 1st TERRACE

2a. Mailing Address

26 229 SE 1st TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DEERFIELD BEACH, FL

City & State

28 DEERFIELD BEACH, FL

Zip

Country

24 33441

Zip

Country

29 33431

30

9. Name and Address of Current Registered Agent

**TOPLOINO, JOSEPH
6496 N.W. 32 AVENUE
COCONUT CREEK FL 33073**

10. Name and Address of New Registered Agent

81 Name

FOY, MATTHEW D.

82 Street Address (P.O. Box Number is Not Acceptable)

2584 LAKES DR.

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33442

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FOY, MATTHEW D
STREET ADDRESS	2584 LAKES DR.
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 (Change), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95

Date

306-570-8910

Telephone Number