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APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000002203 (5)**

1. Corporation Name:

OUTDOOR MAINTENANCE & TREE SERVICE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6211
STUART FL 34995-6211

P.O. BOX 6211
STUART FL 34995-6211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/10/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

65-0466264

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23

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8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAXLER, CAROL S
73 S.W. FLAGLER AVENUE
STUART FL 34994**

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

Signature (hand or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD**
NAME **DOTSON, GEORGE**
STREET ADDRESS **P.O. BOX 6211 N/A**
CITY- ST- ZIP **STUART FL 34995-6211**

11 TITLE **Catherine - Sec. Treasurer** Change Addition
12 NAME **Catherine A. Dotson**
13 STREET ADDRESS **P.O. Box 6211**
14 CITY- ST- ZIP **Stuart FL 34997**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP **Stuart FL 34997**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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 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 if changed, or on an attachment with an address.

SIGNATURE:

George Dotson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
Date

407-286-1860
Telephone Prefix #