

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra L. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018298 (7)

1. Corporation Name

D.S. TREE SERVICE, INC.

Principal Place of Business

5915 GRANT ST.
HOLLYWOOD FL 33021

Mailing Address

5915 GRANT ST.
HOLLYWOOD FL 33021

FILED
95 JUL 21 PM 12:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1994

3n. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

5915 GRANT ST.

4. FEI Number

65-0472385

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

HOLLYWOOD FL.

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

County

Zip

33021

Country

UNITED ST.

6. This corporation has liability for intangible tax under s. 199.002,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

DAVID STANLEY

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

5915 GRANT ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

SHELLEY STANLEY

SECRETARY - TREAS.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

P
STANLEY, DAVID
5915 GRANT ST.
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

ST
STANLEY, SHELLEY
5915 GRANT ST.
HOLLYWOOD FL 33021

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 119.07(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 this corporation or the manager 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

SHELLEY STANLEY

SHELLEY STANLEY

6-8-95

963-1906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #