FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 2:09

DOCUMENT # **P94000034925 (5)**

1. Corporation Name

COLLINS TREE SERVICE, INC.

Principal Place of Business	Mailing Address
2611 SW ARCHER RD APT K-91 GAINESVILLE FL 32608 US	2611 SW ARCHER RD APT K-91 GAINESVILLE FL 32608 US

3. Date Incorporated or Qualified: **05/05/1994**

3a. Date of Last Report: **08/07/1995**

4. FEI Number: **59-3240531** ☐ 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	2a. Mailing Address
21 P.O. Box 5696	26 P.O. Box 5696
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville, Fl	City & State 28 Gainesville, Fl.
Zip 24 32602	Zip 29 32602
Country 25 Alachua	Country 30 Alachua

9. Name and Address of Current Registered Agent

KRUEGER, SCOTT D
234 S MAIN STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

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

83 -05/17/96--01011--001 ****225.00 ****225.00

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	V	☐ Change ☑ Addition
NAME	COLLINS, MICHAEL A		1.2 NAME	DAVIS BRUCE	
STREET ADDRESS	3703 NW 107TH TERRACE		1.3 STREET ADDRESS	~~BRUCE DAVIS~~ 9013 SW 154 street	
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 CITY-ST-ZIP	Archer, Fl. 32618	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SABATELLA, MICHAEL		2.2 NAME		
STREET ADDRESS	2222 NW 142ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ROGER		3.2 NAME		
STREET ADDRESS	2901 NW 14TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 attachment with an address.

SIGNATURE: Michael A. Collins 5/7/96 (352) 332-0337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number