

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 B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:05

DOCUMENT # P94000040875 (4)

1. Corporation Name

DANNY LEE REESE TREE SERVICE, INC.

Principal Place of Business

18098 HOLLISTER RD
ORLANDO FL 32820

Mailing Address

18098 HOLLISTER RD
ORLANDO FL 32820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/27/1994

3a. Date of Last Report

4. FEI Number
59-3247566

Applied For
Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29. 32766

30. JERINOLUS

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 interest on tax under 2. 100,000,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REESE, CHERYL L
18098 HOLLISTER RD
ORLANDO FL 32820

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 of person who is registered agent or director if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

6-15-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

P
REESE, DANNY L
18098 HOLLISTER RD
ORLANDO FL 32820

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

V
REESE, CHERYL L
18098 HOLLISTER RD
ORLANDO FL 32820

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

455 LIVE OAK AVE
CHULUOTA FL 32766

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

455 LIVE OAK AVE
CHULUOTA FL 32766

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

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Lynn Reese
VP

6-15-95

(4011)
365-67117