

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000071780 (8)

1. Corporation Name  
ACTION TREE EXPERTS, INC.

Principal Place of Business  
9060 TANGELO BLVD.  
FORT MYERS FL 33912

Mailing Address  
P.O. BOX 626  
ESTERO FL 33928-0626



2. Principal Place of Business

21 1449 Davila St.

Suite, Apt. #, etc.

22 City & State

23 Naples FL

24 Zip

34120

Country

25 Collier

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified  
09/29/1994

3a. Date of Last Report  
06/04/1996

4. FEI Number  
65-0520783

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

9. Name and Address of Current Registered Agent

KAULBARS, EDWARD A  
1449 DAVILA ST  
NAPLES FL 33964

10. Name and Address of New Registered Agent

81 Name Jeffrey A. Kaulbars  
82 Street Address (P.O. Box Number is Not Acceptable)  
7400 Constitution  
83  
84 City Ft. Myers FL 85 Zip Code 33912

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: *Jeffrey A. Kaulbars* Jeff Kaulbars / Pres. 5-8-97  
(NOTE: Registered Agent signature required when reinstalling.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	KAULBARS, EDWARD A	<input checked="" type="checkbox"/> DELETE
NAME		1449 DAVILA ST	
STREET ADDRESS		NAPLES FL	
CITY - ST - ZIP			
TITLE	VP	KAULBARS, JEFFREY A	<input checked="" type="checkbox"/> DELETE
NAME		7400 CONSTITUTION CIR., #108	
STREET ADDRESS		FT. MYERS FL	
CITY - ST - ZIP			
TITLE	S	KAULBARS, CHERYL	<input type="checkbox"/> DELETE
NAME		3160 SEASONS WAY, APT. 713	
STREET ADDRESS		ESTERO FL	
CITY - ST - ZIP			
TITLE	T	BUDISH, DANA M	<input checked="" type="checkbox"/> DELETE
NAME		1449 DAVILA ST	
STREET ADDRESS		NAPLES FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Kaulbars, Jeffrey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		7400 Constitution Blvd.	
1.3 STREET ADDRESS		Ft. Myers, FL 33912	
1.4 CITY - ST - ZIP			
2.1 TITLE	VP	Dona M. Budish	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		11057 Windsong Cir Apt. 203	
2.3 STREET ADDRESS		Naples, FL 34120	
2.4 CITY - ST - ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	T	Paula L. Kaulbars	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		1449 Davila St.	
4.3 STREET ADDRESS		Naples, FL 34120	
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Dona Budish* 3/27/97 941-597-8386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)