

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000076560 (9)**

1. Corporation Name

GULF TO BAY TREE & LANDSCAPE SERVICE, INC.



Principal Place of Business 301 PARK AVE 330 E. RAILROAD AVE BOCA GRANDE FL 33921	Mailing Address P.O. BOX 1608 BOCA GRANDE FL 33921-1608
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3. Date Incorporated or Qualified 10/18/1994	3a. Date of Last Report 05/10/1996
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2. Principal Place of Business 21 330 E. RAILROAD AVE Suite, Apt. #, etc. 22 City & State 23 BOCA GRANDE, FL Zip Country 24 33921 25 USA	2a. Mailing Address 26 P.O. BOX 1608 Suite, Apt. #, etc. 27 City & State 28 BOCA GRANDE FL Zip Country 29 33921 30 USA	4. FEI Number 65-0528126 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent INGRAM, MICHAEL M ESO 428 FOURTH STREET BOCA GRANDE FL 33921	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK K. SHEVITSKI	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1608	1.3 STREET ADDRESS	291 Park Ave
CITY-ST-ZIP	BOCA GRANDE FL	1.4 CITY-ST-ZIP	BOCA GRANDE FL 33921
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIA L. SHEVITSKI	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1608	2.3 STREET ADDRESS	291 Park Ave
CITY-ST-ZIP	BOCA GRANDE FL	2.4 CITY-ST-ZIP	BOCA GRANDE FL 33921
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **JULIA L. SHEVITSKI** 4/8/97 941-964-2125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)