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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS.

DOCUMENT # P95000061179 (4)

JOHN'S TREE SERVICE, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place	of Busines	S	Mailing Address	s			T HODINGS THE SOUR STAIL COUNTY CONTRACTOR STAIL		
2009-27TH STI	REET EAST		2009-27TH STR	2009-27TH STREET EAST					
BRADENTON FL 34208			BRADENTON FI	BRADENTON FL 34208			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							08/07/1995		
2. Principal Pla	ace of Busin	ness	2a. Mailing Add	2a. Mailing Address			4. FEI Number Applied F	or	
21			26	26			65-0606196 Not Appli	cable	
Sulte, Apt. 1	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			\$8.75 Addition		
22			27				Fee Required		
City & State			<u></u> ⊢¬	City & State			6. Election Campaign Financing \$5.00 May Be		
23				28			Trust Fund Contribution Added to Fees		
Zip	Country Zip		<u> </u>	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	'		
24	o Neme	end Address of Co	29 urrent Registered Agent	[30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
016					81	Name	in the state of th		
CLEMENTS, MAXINE C 2009-27TH STREET EAST									
	ADENTON				82	Street A	Address (P.O. Box Number is Not Acceptable)		
l pu	WENTON	FL 34200			83				
					-		[0] 7- O. I.		
					84	City	FL 85 Zip Code	ľ	
11. Pursuant t	to the provis	ions of Sections 607	7.0502 and 607.1508, Flor	ida Statutes, th	e abov	e-named o	corporation submits this statement for the purpose of changing its regist	tered	
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		,	-						
SIGNATORE .	Signature, typed		red agent and tille if applicable	(NOTE: Regi	stered Age	ent signature r	required when reinslating) DATE	í	
12.		OFFICER:	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		[] [[]		1.1 TITLE		Change A	ddition	
NAME		NTS, MAXINE C	-		1.2 NAME				
STREET ADDRESS		TH STREET EAST	ļ			ADDRESS		ļ	
CITY-ST-ZIP TITLE	D D	NTON FL 34208		ELETE	1.45 Y-8 2. TLE	ST-ZIP	Change Ar	ddition	
NAME	_	NTS, YVONNE C			2. IAME				
STREET ADDRESS		TH STREET EAST	r			ADDRESS			
CITY-ST-ZIP		TON FL 34208				ST-ZIP		- 1	
TITLE	VI VIVE	110111 - 07200		ELETE	3 TLE		☐ Change ☐ A	ddition	
NAME			_		AME				
STREET ADDRESS					REET	ADDRESS			
CITY-ST-ZIP				1	īγ	ST-ZIP			
TITLE				ELETE	LE	1	Change Ai	ddition	
NAME					ME				
STREET ADDRESS					REET	ADDRESS			
CITY-ST-ZIP						T-ZIP			
TITLE			∐:	DELETE	LE		☐ Change ☐ A	ddition	
NAME				<u> </u>	ME				
STREET ADDRESS					REET	ADDRESS			
CITY-ST-ZIP				21.575	_	ST-ZIP		adiate :	
TITLE			ا ا	ELETE (6. TLE		☐ Change ☐ A	ddition	
NAME				I '	6. IAME	l			
STREET ADDRESS				<u> </u>		ADDRESS			
CITY-ST-ZIP	markifi s Ab me at	a information averal	ind with this films dos	t quality for the	6.4 (TY-5	ST-ZIP	d in Section 119 07/31/i) Florida Statutas I further certify that the inform	ation	
14. I nereby c	eruty that th	ie information suppl	neu with this thing does no	a quality for the	erric	MOTE SIBIO	d in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	anun	

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: