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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075712 (6)

JIMS TREE SERVICE, INC

4724 Grainary Ave

Suite Apt. #. etc

City & State

Principal Place of Business	Mailing Address			
8913 RICHFIELD COURT TAMPA FL 33634	8913 RICHFIELD COURT TAMPA FL 33634-1127			
		3. Date Incorporated or Qualified 09/28/1995	3a. Date of Last Report 05/01/1996	
9 Deingingt Place of Queinage	2a Mailing Address	A CEI Number	A	

4724 GraidAM

Suite, Apt #, etc.

City & State

23 TAMP	<u> </u>	3	28	AMPA_	<u> </u>		Trust Fund Contribution	Added to Fees	
Zip		Country	Zip		├ ─-¬	untry	8. This corporation has liability for int	angible tax under s. 199.032,	
24 3362		<u> 5 υς Α</u>		3624	30	USA		Yes No	
9. Name and Address of Current Registered Agent						10, Name and Address of New Registered Agent			
WILKINSON, RAYMOND C					81 Name	Raymour C. William	, a		
8913 RICHFIELD COURT					82 Street Address (P.O. Box Number is Not Acceptable)				
TAMI	PA FL 33634	•				1422	M GMIDAM AM	······································	
						83	•		
						84 City		85 Zip Code	
							AMPA	FL 33624	
office or r	edistered age	nt, or both, in the Sta	ate of Florida S	uch change wa	is authorize	d by the con	corporation submits this statement for the pur poration's board of directors. I hereby accept	pose of changing its registered the appointment as registered	
agent La	rn familiar with	and accept the ob	ligations of, Sec	ction 607.0505,	Florida Sta	tutes.	· ·		
SIGNATURE	Lay	mond (William				4-16-	97	
12.	Signature typed d	printed name of registered OFFICERS A	agent and title if appl AND DIRECTOR		NOTE: Flegislere	d Agent signature	a required when reinstating) ADDITIONS/CHANGES TO OFFICE		
Tille	D	OFFICENS	ALL DIRECTOR	DELETE	1.1 [m F	Director	Change Addition	
NAME	_	, RAYMOND C			1.2 N		(· ·	Approximate Employment	
STREET ADDRESS		FIELD COURT				TREET ADDRESS	REYMOND C. WILKINSON HOLD		
CHTY - ST - ZiF	TAMPA FL					ITY-ST-ZIP	Tampa FL 33674		
TITLE	,, and 111 6			DELETE	2.11		1 ampa PL ROY/	Change Addition	
NAME					2.2 N			·- • ···	
STREET ADDRESS						TREET ADDRESS			
CITY-SI-ZII						CITY-ST-ZIP		ł	
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NAME	i				32 N	AME			
STREET ADDRESS					3.3.5	TREET ADDRESS	1	}	
City - \$1 - 7iP						CITY-ST-ZIP			
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STREET ACIONESS					4.3 S	TREET ADDRESS		·	
CITY - ST - ZIP						ITY-ST-ZIP			
Mil				DELETE	5.1 T			Change Addition	
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STREET ADDRESS					5.3 S	TREET ADDRESS		ĺ	
CITY ST-7IP					5.4 €	ITY-ST-ZIP			
THLE	i			DELETE	6.1 T	ITLE		☐ Change ☐ Addition	
NAME					62 N	AME	[
STREET ADDRESS					6.3 \$	TREET ADDRESS			
0.75. (1) 700						ITM AT TIP	1		

14. Too 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-97

(913) 961-4671

FILED

Apr 25 1997 8:00am

Secretary of State

5. Certificate of Status Desired

6. Election Campaign Financing

Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Not Applicable

B PROPER