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

**PROFIT** CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

25

**NELSON, JOHN A** 2218 HIGHWAY 44 WEST

INVERNESS FL 34453

Suite, Apt. #, etc

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000048798 (8)

COMPLETE TREE SERVICE OF CITRUS COUNTY. INC.

Principal Place of Business Mailing Address 2218 HIGHWAY 44 WEST 2218 HIGHWAY 44 WEST INVERNESS FL 34453 INVERNESS FL 34453

9. Name and Address of Current Registered Agent

2a. Mailing Address ....

City & State

Suite, Apt. #, etc.

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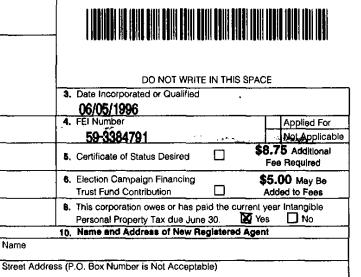
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Zip

## FILED Mar 20 1998 8:00am Secretary of State



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.

Country

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**B3** 

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- g	The state of the s	, 00000, 00, 10000, 110				
SIGNATURE	Signature, typed or printed name of registered agent and title	fapolicable (NOTI	E: Registered Agent signature regul	red when reinstating)	DATE	
12.	OFFICERS AND DIREC	13.		NGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		Change	Additio
NAME	WEINKEIN, JOHN		1.2 NAME			
STREET ADDRESS	6290 EAST TENISON STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34453		1.4 CITY - ST - ZIP	+		
TITLE		DELETE	2.1 TITLE		Change	Additi
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addit
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addit
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. I 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 it changed, or on an attachment with arr address.

752-344 = 2691

Zip Code