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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000050367**1. Corporation Name

SCOTT'S TREE SERVICE, INC.

"							
		Mailing Address				IBI BIIII BBIBB IIII B	HIII FRAI JORE
Principal Place	* - 7						
1765 COMMERC	CE AVE	1765 COMMERCE AVE STE #4-2			·	•	
STE #4-2 STE #4-2 VERO BEACH FL 32960 VERO BEACH FL 32960			•		DO NOT WRITE IN TH	IIS SPACE	* · · ·
US US					3. Date Incorporated or Qualifed		· .
00					06/10/1996		
2 · Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	Арр	lied For
21		26			65-0700954	<u></u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac Fee Req	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N	vlay Be
23	-	28			Trust Fund Contribution	Added to	Fees
Zip				Country 8. This corporation owes the current year Intangible			
24	25	29 3	0		Personal Property Tax.		700
	Name and Address of Current	Registered Agent		T	10. Name and Address of New Register	ad Agent	
01.07		**	81	Name			
SMITH, SCOTT				Street Add	ress (P.O. Box Number is Not Acceptable)		
2046 14TH DR]	and the second s	11. 2 1. 28. 4	na new Jan
VERO BEACH FL 32960			83	3			3 3
-				City		85 Zin C	
					<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose	of changing.its r	egistered (
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligati	n Florida Such change was aut	nonzea by	the corporati	on's board of directors. I hereby accept the ap	bourneur as roa	100000000000000000000000000000000000000
SIGNATURE					· .		• .
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition)
NAME	SMITH, SCOTT		1.2 NAME			•	,
STREET ADDRESS	1765 COMMERCE AVE, #4-2		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-S	ST-ZIP		•	
TITLE		☐ DELETE	2.1 TITLE				
NAME						Change	☐ Addition
STREET ADDRESS	, *		2.2 NAME	•		Change	Addition
CITY-ST-ZIP			2.2 NAME	ET ADDRESS		Change .	Addition
TITLE			2.2 NAME 2.3 STREE	ET ADDRESS		Change .	Addition
		DELETE	2.2 NAME	ET ADDRESS		☐ Change	Addition
[27.34]			2.2 NAME 2.3 STREE 2. 4 CITY-	ST-ZIP			
NAME STREET ADDRESS			2.2 NAME 2.3 STREE 2. 4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP			
NAME 34	CLATA TO A CAMPANIA TO A CAMPA		2.2 NAME 2.3 STREE 2. 4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS			Addition
NAME STREET ADDRESS	CONTRACTOR		2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE	CONTRACTOR	☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CONTRACTOR AND	☐ DELETE	2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	22 NAME 23 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition

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 exemple 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, with all paper like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ DELETE

Change

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90038 041 ***150.00

Addition