

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 SEP 24 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080178 (2)

1. Corporation Name

FAMILY TREE SERVICE, INC.

Principal Place of Business

4489 MCINTOSH LAKE AVE.  
SARASOTA FL 34233

Mailing Address

4489 MCINTOSH LAKE AVE.  
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/23/1996

4. FEI Number

65-0699768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ORR, MICHAEL  
4489 MCINTOSH LAKE AVE.  
SARASOTA FL 34233

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

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT  
Michael ORR  
4489 McIntosh Lake Ave  
SARASOTA, FL. 34233

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V.P. N/A

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treasurer  
Michael Orr  
SAME ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 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

Michael Orr

9-25-97

CR2E034 (4/97)

CAROL LYNN MONVILLE, C.P.A., P.A.

Telephone 941-924-1040

3801 BEE RIDGE ROAD, SUITE 12B  
SARASOTA, FLORIDA 34233

AUGUST 12, 1997

DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

RE: FAMILY TREE SERVICE, INC.  
P96000080178  
ANNUAL REPORT - 1997

GENTLEMEN:

IN REFERENCE TO THE ABOVE MENTIONED CORPORATION, I AM REQUESTING AN ABATEMENT OF PENALTIES FOR THE 1997 ANNUAL REPORT. THE CORPORATE OFFICERS DID NOT RECEIVE AN ORIGINAL ANNUAL REPORT FORM AND WERE NOT AWARE THAT SUCH A REPORT NEEDED TO BE FILED OR THAT SUCH A FEE WAS REQUIRED ON AN ANNUAL BASIS. THIS CORPORATION WAS FILED LATE IN 1996, SO THIS WAS THEIR FIRST ANNUAL REPORT.

I HAVE ENCLOSED A CHECK FOR \$165.00 WHICH IS THE AMOUNT DUE WITHOUT PENALTY.

PLEASE CONSIDER OUR REQUEST, WE ASSURE YOU THAT THIS REPORT WILL BE FILED TIMELY IN THE FUTURE.

VERY TRULY YOURS,

*Carol Lynn Monville, CPA*  
CAROL LYNN MONVILLE, CPA