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

**CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016186 (3)

LUMBERJACKS TREE SERVICE, INC.

## **FILED** Apr 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		
1380 MELALEUCA LANE 1360 MELALEUCA LANE FORT MYERS FL 33901 FORT MYERS FL 33901				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				02/17/1997
2. Principal Pl	ace of Business	2s. Mailing Address		4. FEI Number Applied For
	Archarline CT	26 6050 Ancho	vline CT.	65-6730657 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	A HISC CA	S8 75 Additional
22 4212	Fowler St.	27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 # ·FT ·	MYBRS, FL	28 N.FT.MYErs	FL	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3390			30 US	Personal Property Tax due June 30.  Yes No
	g. Name and Address of Curren	t Registered Agent		10, Name and Address of New Registered Agent
Zaf	RICK, EDWARD T JR		81 Name	PAIG WALLACE
C/L	LUMBERJACKS TREE SERVICE	ē, INC.	dress (P.O. Box Number is Not Acceptable)	
1360 MELALEUCA LANE				
FOF	RT MYERS FL 33901		83	
	-		84 City	85 Zip Code
				1 PT-1114ers FL   33917
11. Pursuant t	o the provisions of Sections 607.050	2 and 607 1508, Florida Statute of Florida, Such change was a	es, the above-named co	reportation submits this statement for the purpose of changing its registered
agent. I ar	n lamiliar with and accept the oblig	ons of, Section 607.0505, Flor	rida Statutes.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE .	My Walle	CRAIL WAIL	ice	1-24-98
	Signature, typod or printed name of registered age OFFICERS ANI		: Registered Agent signature req	
12.	<del></del>	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	D TADIOU COMADO T ID			C cusule C violenti
1	ZARICK, EDWARD T JR 1360 MELALEUCA LANE		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	FORT MYERS FL 33901	DELETE	1.4 CHY-ST-ZIP 2.1 HTLE	☐ Change ☐ Addition
NAME	WALLACE, CRAIG		22 NAME	Official Addition
STREET ADDRESS	6050 ANCHORLINE COURT		2.3 STREET ADDRESS	
· · · · · · · · · · · · · · · · · · ·	FORT MYERS FL 33917			
CITY-ST-ZIP TITLE	FONT MIENS PL 33811	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME		and because	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
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	— · <del>-</del> ·
STREET ADDRESS	F		5.3 STREET ADDRESS	
CITY-ST-ZIP		•	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	<del>-</del>
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby co	ertify that the information supplied wi	th this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or of	on this annual report or supplementa	il annual report is true and accu	rate and that my signat	in Section 119.07(3)(i), Florida Statutes. Frurmer certify that the information ture shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in