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 # P9700036002

1. Corporation Name

A TREE PRO SERVICES INC

Principal Place of Business	Mailing Address	
5458 CAURUS CT ORLANDO FL 32808	5458 CAURUS CT ORLANDO FL 32808	

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90001 008 ***150.00



Principal Place of Business Mailing Address						((BB)(dat (19 18))) solls polit obitt obut adito suns dien anue date not idet				
5458 CAURUS	СТ	5458 CAURUS CT								
ORLANDO FL 32808		ORLANDO FL 32808	ORLANDO FL 32808					00105		
						3. Date Incorporated or Qua	WRITE IN THIS	SPACE		1
						04/14/1997	illied			ĺ
a Principal D	tace of Business	2a. Mailing Address				4., FEI Number		TA	pplied For	1
2, FIIICIPALE 21	lace of Business	26 Vialing Address				59-3445582			ot Applicable	ł
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional	1
22	, o.c.	27				5. Certifcate of Status Desir	ed 🗌 be		equired	
City & State	е	City & State				6. Election Campaign Finan	cina _	\$5.00	May Be	1
23		28				Trust Fund Contribution			to Fees	j
Zip	Country	Zip	Cou	intry		g. This corporation owes the	current year Inta	ıngible		
24	25	29	30			Personal Property Tax.		Yes	I X No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of N	ew Registered A	gent]
				81	Name					
	MER, CHARLES W			82	Street Add	ress (P.O. Box Number is Not Ac	ceptable)			1
	EDGEWATER DRIVE				0110017100	.000 (* .0.) 000 *],
ORL	ANDO FL 32804			83						
				84	City			85 Zip	Code	1
				"	City		FL	103 24	0000	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove	named corp	poration submits this statement for	r the purpose of	changing it	s registered	
office or n	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorize rida Stat	o by t utes.	ne corporati	on's board of directors. I nereby	accept the appoir	illilent as r	egistered	
SIGNATURE						i				ĺ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	Agent	signature requir	ed when reinstating)	DATE			ļ 60
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN			(11/98)
TITLE	P	☐ DELETE		1.1 TITLE				Change	☐ Addition	=
NAME	SEAY, RICK L		1.2 N	1.2 NAME						R2F034
STREET ADDRESS	1		1.3 S	1.3 STREET ADDRESS) <u>F</u>
CITY-ST-ZIP	ORLANDO FL 32808			1.4 CITY-ST-ZIP				F7.01	·	ļ ķ
TITLE	S	☐ DELETE	2.1 Ti	2.1 TITLE				Change	Addition	\
NAME	SEAY, BONNIE B.		2.2 N	AME		4			!	
STREET ADDRESS			2.3 S	TREET	ADORESS	if V				1
CITY-ST-ZIP	ORLANDO FL 32808		_	2.4 CITY-ST-ZIP		<u>'</u>		[7.0b	- Addition	
TITLE		☐ DELETE	3.1 Ti	3.1 TITLE				Change	☐ Addition	}
NAME			3.2 N	AME						1
STREET ADDRESS			3.3 S	TREET.	ADDRESS	•				}
CITY-ST-ZIP			_	ITY-ST	-ZIP			D.C		-
TITLE		☐ DELETE	41T	TLE				Change	Addition	
NAME	ĺ		4. 2 N	IAME	{					1
STREET ADDRESS			4.3 S	TREET	ADDRESS					١.
CITY-ST-ZIP			_	TY-ST	ZIP			F3.01		1
TITLE		☐ DELETE		5.1 TTLE				☐ Change	. Addition	
NAME			5.2 N							*
STREET ADDRESS			L		ADDRESS					
CITY-ST-ZIP				ITY-ST	· ZIP			Char:	FT Audition	-
TITLE	ì		6.1 11	ILE	í			Change	Addition	1
		☐ DELETE								1
NAME		C) DELETE	6.2 N	AME	ADDRESS					

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 if changed, or on an attachment with an address, with all other like empowered.