## 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

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90102 021 \*\*\*150.00

## DOCUMENT # P97000078659

1. Corporation Name

SHEPPARD'S TREE SERVICE, INC.

Principal Place	Mailing Address								
2245 KERRA LN. FL 32566		2245 KERRA LN. NAVARRE FL 32566				DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualified			1
						09/11/1997			}
Principal Place of Business     2a. Mailing Address						4. FEI Number	Ap	plied For	1
4		26				5 <del>9</del> -3502977	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A		
						3; Celtificate of Status Desired	Fee Re	quired	]
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
28						Trust Fund Contribution	Added to	o Fees	1
Zip	Country	Zip	_ Cou	ntry		8. This corporation owes the current year Ir		574.	ļ
-# <del> </del>	25	3	0			Personal Property Tax.	Yes	1D2No	Į
	9. Name and Address of Curre	nt Registered Agent		81	Nama	10. Name and Address of New Registered	Agent	<del></del>	ł
SHEE	PPARD, JOHN H		ĺ	,°'	Name				
2245 KERRA LN.			Ì	82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			1
NAVARRE FL 32566									-
14/14/	WINE 1 E 02000			83					
				84	City		85 Zip C	ode	1
	. <u> </u>			Ш		F			4
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was auti	nonzea	ו עסו	tne corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appu	intment as reg	registered gistered	
SIGNATURE		NOTE O				ired when reinstating) DATE			ĺ.,
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signal  12. OFFICERS AND DIRECTORS 13.					t signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	9
TITLE	DPST	DELETE				7,00,000,000,000	Change	Addition	1
NAME	SHEPPARD, JOHN H	<u> </u>					_ •		3
	DOAE VERDA IN				ADDRESS				] }
STREET ADDRESS	NAVARRE FL 32566								ן צַ
CITY-ST-ZIP	DELETE			1.4 C/TY-ST-ZIP 2.1 TITLE			☐ Change	Addition	[
NAME I				2.2 NAME					ļ
STREET ADDRESS				2.3 STREET ADDRESS					
	·			2. 4 CiTY-ST-ZiP					
CITY-ST-ZIP			_	3.1 TITLE			Change	☐ Addition	1
NAME				3.2 NAME					1
STREET ADDRESS					ADDRESS				
			1	34 CITY-ST-ZIP					
TITLE DELETE				4.1 TITLE		,	☐ Change	Addition.	1-
NAME		1	4. 2 NAME		· · · · · · · · · · · · · · · · · · ·	-		-	
STREET ADDRESS					ADDRESS				

6.4 CITY-ST-ZIP 14. 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

CITY-ST-ZIP -

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

Addition

☐ Addition