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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State

1999

**DIVISION OF CORPORATIONS** 

# FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90112 033 \*\*\*150.00

## 

### DOCUMENT # **P97000092593**1. Comporation Name

C & M TREE TRIMMING & MAINTENANCE, INC.

Principal Place of Business

Mailing Address

151 BOBWHITE ROAD ROYAL PALM BEACH FL 33411 151 BOBWHITE ROAD

ROYAL PALM BEACH FL 33411

							DO NOT WRITE IN THIS SPACE						
							3.	Date Incorporated or Qualifed 10/27/1997					] 
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			77	Applied I	For	
21	;	26	• • • • • • • • • • • • • • • • • • • •				"	65-0798378			Not Appl	licable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additio	nal	
27							5.	Certifcate of Status Desired		Fee I	Required	đ	
City & State			City & State				6. Election Campaign Financing			\$5.00 May Be			
23	28			•			Trust Fund Contribution Added to Fees						}
Zip	Country Zip			Cou	intry		8	This corporation owes the current year	ar Intar	ngible		-	
24	25 29			0			Personal Property Tax.						
	9. Name and Address of Current F	1			Г		10.	Name and Address of New Registe	red A	gent			}
					81	Name							
GOLDSON, MARCIA													}
151		82 Street Addre			ess (F	P.O. Box Number is Not Acceptable)							
ROYAL PALM BEACH FL 33411					83					<del></del>			
					-								
	•				84	City			FL	85 Zij	Code		
44 0	to the provisions of Sections 607.0502	and 6	207 1EDR Florido Statutos	tho o	hour	named corne	oratio			hanging i	ts regist	ered	ĺ
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Flori	da, Şuch change was aul	thonzed	d by	the corporatio	on's b	oard of directors. I hereby accept the a	appoint	ment as	registere	∍d	١.
SIGNATURE	Clearly a hand or printed game of excistered grount to	od title	if applicable (NOTE: E	Zanisteren	Agen	t signature required	d when	reinstating) DAT	TE.			_	_ ا
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Red  12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICER	S AND	DIREC	FORS IN	N 12	ő
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NAME	GOLDSON, MARCIA M												ļ
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GIREEI ALJURESS					mv e								l i

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.

SIGNATURE: