

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 # P97000100440

1. Corporation Name

BOB'S TREE WORK, INC.

Principal Place of Business

1014 WEST PENFIELD STREET
KISSIMMEE FL 34741

Mailing Address

1014 WEST PENFIELD STREET
KISSIMMEE FL 34741

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90047 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

59-3479725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

~~Zimmerman~~
REED, DONNA K
1014 WEST PENFIELD STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME REED, DONNA K
STREET ADDRESS 1014 WEST PENFIELD STREET
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE P ☐ DELETE
NAME REED, DONNA
STREET ADDRESS 1014 W PENFIELD ST
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ DELETE
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 D ☒ Change ☐ Addition
1.2 NAME Zimmerman, Donna K
1.3 STREET ADDRESS 1014 W. Penfield Street
1.4 CITY-ST-ZIP Kissimmee, Florida 34741

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Zimmerman, Donna
2.3 STREET ADDRESS 1014 West Penfield Street
2.4 CITY-ST-ZIP Kissimmee, Florida 34741

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

NAME change due to
marriage.

Donna K. REED
to

Donna K. Zimmerman

All other info remains the same.

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: Donna K. Zimmerman 4-9-99 407-847-7577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)