## FILE NOW: FILING FEE AFTER WAT IST IS \$550.00-

CORPORATION ANNUAL REPORT

1999



#### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### DOCUMENT # DOCOCOOCEAC

# **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90091 024 \*\*\*150.00

1. Corporation	o Name + P98000	033340			
	AST TREE SERVICE, INC.				
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1					
Principal Plac	a of Rusiness	Mailing Address			IND 11340 IBINT WINT DIBLE GILL 1891
941 PRESCOTT		941 PRESCOTT LANE			
FT. MYERS BCH FL 33931 FT. MYERS BCH FL 33931					
	.,,,,			DO NOT WRITE IN TH	IIS SPACE
}				3. Date incorporated or Qualifed	
)				04/28/1998	
2. Principal P	lace of Business	2a. Maiting Address		4. FEI Number	Applied For
21		26		65-0844396	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional - Fee.Required
22		27			<del></del>
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28	Country	Trust Fund Contribution	
Zip	Country	Zip - 29	Country	This corporation owes the current year     Personal Property Tax.	intangiole
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registers	
	5. Name and Address of Curren	I Kadista an Maiir	81 Name	io. (duite tite pleases of flow flags,	
SMIT	TH. DAVE	•			
	PRESCOTT LANE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	MYERS BCH FL 33931		83		
}					
			84 City		85 Zip Code
11 Symmont	to the equiples of Sections 607.050	2 and 607 1508 Florida Statutes	the shove-named co	reporation submits this statement for the nurroca	of changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was aut	horized by the corpora	ation's board of directors. I hereby accept the app	pointment as registered
agent. I a	im familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	a Statutes.		
SIGNATURE					
	Signature, typed or ported name of registered agen	t and title if applicable. (NOTE, R	egistered Agent signature requ	ured when reinstainig) . DATE	
12.	Signature, typed or printed name of registered ager OFFICERS AN	it and title if applicable. (NOTE, R D DIRECTORS	egistered Agent signature requ 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.					AND DIRECTORS IN 12 00 00 00 00 00 00 00 00 00 00 00 00 00
	OFFICERS AN	D DIRECTORS	13.		AND DIRECTORS IN 12 Change Addition
TITLE	PD OFFICERS AN SMITH, DAVE	D DIRECTORS	13. 1.1 TITLE		AND DIRECTORS IN 12 Change Addition F.
TITLE NAME	PD OFFICERS AN SMITH, DAVE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition (Change Addition P.C.)
TITLE NAME STREET ADDRESS	OFFICERS AN PD SMITH, DAVE 941 PRESCOTT LANE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	ADDITIONS/CHANGES TO OFFICERS	Change Addition 17.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD SMITH, DAVE 941 PRESCOTT LANE FT. MYERS BCH FL 33931	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
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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 mede under cert; 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.

SIGNING OFFICER OR DIRECTOR