

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:18

DOCUMENT # V27209

(8)

1. Corporation Name

A & J TREE SERVICE, INC.

Principal Place of Business

Mailing Address

200 MASTERS STREET  
EAST PALATKA FL 32131  
US

P.O. BOX 724  
EAST PALATKA FL 31131  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1992

3a. Date of Last Report

04/19/1994

4. FEI Number

59-3113167

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 has liability for intangible taxes under S. 193.03, Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, ANNETTE  
200 MASTERS ST  
E PALATKA FL 32131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 their qualification)

(Signature, typed or printed name of registered agent and their qualification)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

PSTD  
LEE, ANNETTE  
200 MASTERS ST  
E PALATKA FL

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from Title 19, Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to make 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 my address.

SIGNATURE: *Annette Lee* Annette Lee

(Signature and typed or printed name of signing officer or director)

2/15/95 904-328-7285