

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

FILED  
Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V27209**

(8)

1. Corporation Name:

**A & J TREE SERVICE, INC.**

Principal Place of Business:

**200 MASTERS STREET  
EAST PALATKA FL 32131  
US**

Mailing Address:

**P.O. BOX 724  
EAST PALATKA FL 32131-0724  
US**

3. Date Incorporated or Qualified

**04/06/1992**

3a. Date of Last Report

**04/30/1996**

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State:

23 Zip:

24 Country:

2a. Mailing Address:

26 Suite, Apt. #, etc.:

27 City & State:

28 Zip:

29 Country:

4. FEI Number

**59-3113167**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**LEE, ANNETTE  
200 MASTERS ST  
E PALATKA FL 32131**

10. Name and Address of New Registered Agent

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 of registered agent or registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

111 TITLE: **PSJD** ☐ DELETE  
112 NAME: **LEE, ANNETTE**  
113 STREET ADDRESS: **200 MASTERS ST**  
114 CITY-STATE-ZIP: **E PALATKA FL**

115 TITLE: ☐ DELETE  
116 NAME:  
117 STREET ADDRESS:  
118 CITY-STATE-ZIP:

119 TITLE: ☐ DELETE  
120 NAME:  
121 STREET ADDRESS:  
122 CITY-STATE-ZIP:

123 TITLE: ☐ DELETE  
124 NAME:  
125 STREET ADDRESS:  
126 CITY-STATE-ZIP:

127 TITLE: ☐ DELETE  
128 NAME:  
129 STREET ADDRESS:  
130 CITY-STATE-ZIP:

131 TITLE: ☐ DELETE  
132 NAME:  
133 STREET ADDRESS:  
134 CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 TITLE: ☐ Change ☐ Addition  
132 NAME:  
133 STREET ADDRESS:  
134 CITY-STATE-ZIP:

135 TITLE: ☐ Change ☐ Addition  
136 NAME:  
137 STREET ADDRESS:  
138 CITY-STATE-ZIP:

139 TITLE: ☐ Change ☐ Addition  
140 NAME:  
141 STREET ADDRESS:  
142 CITY-STATE-ZIP:

143 TITLE: ☐ Change ☐ Addition  
144 NAME:  
145 STREET ADDRESS:  
146 CITY-STATE-ZIP:

147 TITLE: ☐ Change ☐ Addition  
148 NAME:  
149 STREET ADDRESS:  
150 CITY-STATE-ZIP:

151 TITLE: ☐ Change ☐ Addition  
152 NAME:  
153 STREET ADDRESS:  
154 CITY-STATE-ZIP:

14. I do 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 is based 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.

SIGNATURE: *Annette Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97 904-328-7285  
Date Daytime Phone #

CR2E034 (9/96)