

1-22-97 B-0459 C
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Jan 22 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 # 830990 (8)
 1. Corporation Name
THE F.A. BARTLETT TREE EXPERT COMPANY



Principal Place of Business: **1290 EAST MAIN STREET STAMFORD CT 06902**
 Mailing Address: **P.O. BOX 3067 STAMFORD CT 06905-0067**

3. Date Incorporated or Qualified: **10/04/1974**
 3a. Date of Last Report: **04/08/1996**
 4. FEI Number: **06-0254490** 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

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. 25.

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip Country
 29. 30.

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BARTLETT, R A	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLETT, ROBERT A JR.	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEISINGER, DONALD E JR.	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SIGNORINI, JOHN E	
STREET ADDRESS	1290 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KABURECK, GEORGE R	
STREET ADDRESS	121 HIGHLAND AVE.	
CITY-ST-ZIP	ROWAYTON CT 06853	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOLL, WILLIAM E	
STREET ADDRESS	C/O RIMER, #5 FORTH RIVER	
CITY-ST-ZIP	WILLIAMSBURG VA 23188	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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.

SIGNATURE: *Howard F. Ackery*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HOWARD F. ACKERY**
 Date: **1-3-97** Daytime Phone #: **203-323-1131**

CR2E034 (9/96)