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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 830990

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/04/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				06-0254490	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTLETT, R A	1.2 NAME	GREGORY S. DANIELS
STREET ADDRESS	1290 EAST MAIN STREET	1.3 STREET ADDRESS	1290 EAST MAIN STREET
CITY-ST-ZIP	STAMFORD CT 06902	1.4 CITY-ST-ZIP	STAMFORD, CT. 06902
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	CHAIRMAN/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, ROBERT A JR.	2.2 NAME	
STREET ADDRESS	1290 EAST MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISINGER, DONALD E JR.	3.2 NAME	
STREET ADDRESS	1290 EAST MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGNORINI, JOHN E	4.2 NAME	
STREET ADDRESS	1290 EAST MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABURECK, GEORGE R	5.2 NAME	
STREET ADDRESS	121 HIGHLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROWAYTON CT 06853	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP/CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOLL, WILLIAM E	6.2 NAME	NICHOLAS J. CIRILLO
STREET ADDRESS	C/O RIMER, #5 FORTH RIVER	6.3 STREET ADDRESS	1290E MAIN STREET
CITY-ST-ZIP	WILLIAMSBURG VA 23188	6.4 CITY-ST-ZIP	STAMFORD, CT. 06902

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: _____ Date: 5/5/99 Daytime Phone #: (203) 323-1131

CR2E034 (11/98)