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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:08

DOCUMENT # 667362 (8)

1. Corporation Name
NEEDLER TREE FARM, INC.

Principal Place of Business	Mailing Address
C/O FORSYTH SWALM & BRUGGER 210-600 FIFTH AVENUE SOUTH NAPLES FL 33940	C/O FORSYTH SWALM & BRUGGER 210-600 FIFTH AVENUE SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1980
3a. Date of Last Report: 03/02/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2024772 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUGGER, J
FORSYTH, BRUGGER, REINA & BOURGEAU, P.A.
210-600 FIFTH AVENUE SOUTH
NAPLES FL 33940

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	NEEDLER, BARRY L.	1.2 NAME	NEEDLER, BARRY L.	
STREET ADDRESS	1011 19TH SIDE ROAD, FOXGATE RR3	1.3 STREET ADDRESS	1011 19TH SIDE ROAD, FOXGATE RR3	
CITY-ST-ZIP	KING CITY ON	1.4 CITY-ST-ZIP	KING CITY, ON L7B 1K5	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	FOLEY, KIRK	2.2 NAME	FOLEY, KIRK	
STREET ADDRESS	3507 2045 LAKESHORE BLVD. W.	2.3 STREET ADDRESS	3507, 2045 LAKESHORE BLVD. W.	
CITY-ST-ZIP	TORONTO, ONTARIO	2.4 CITY-ST-ZIP	TORONTO, ON M8V 2Z6	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	MACDONALD, JOHN W.	3.2 NAME	MACDONALD, JOHN W.	
STREET ADDRESS	27 RIVERCREST ROAD	3.3 STREET ADDRESS	27 RIVERCREST ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO	3.4 CITY-ST-ZIP	TORONTO, ON M6S 4H4	
TITLE	V	4.1 TITLE	V	☒ Change ☐ Addition
NAME	NEEDLER, LOUISE	4.2 NAME	NEEDLER, LOUISE	
STREET ADDRESS	1011 19TH SIDE ROAD, FOXGATE, RR 3	4.3 STREET ADDRESS	1011 19TH SIDE ROAD, FOXGATE RR3	
CITY-ST-ZIP	KING CITY ON	4.4 CITY-ST-ZIP	KING CITY, ON L7B 1K5	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: B. Needler BARRY L. NEEDLER FEBRUARY 08, 1995 (9055) 841-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461031 FP