

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -3 AM 9:18

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**DOCUMENT # V22773 (8)**

1. Corporation Name  
**FLORIDA NATIVE FOREST SYSTEMS, INC.**

Principal Place of Business  
2906 N.W. 142ND AVE.  
GAINESVILLE FL 32609

Mailing Address  
3822 NE 55 PL  
GAINESVILLE FL 32609  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/19/1992** 3a. Date of Last Report **08/02/1994**  
4. FEI Number **59-3124271** 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 29 **32609** 30 **USA**

2a. Mailing Address  
26 **2906 NW 142 AVE**  
27 Suite, Apt. #, etc.  
28 **GAINESVILLE, FL**  
29 Zip Country

9. Name and Address of Current Registered Agent  
**WALLACE, PETER M.  
2906 N.W. 142 AVE.  
GAINESVILLE FL 32609**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TS</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, JENNY C</b>	1 2 NAME	
STREET ADDRESS	<b>2836 NW 49TH PLACE</b>	1 3 STREET ADDRESS	
CITY, ST, ZIP	<b>GAINESVILLE FL 32605</b>	1 4 CITY, ST, ZIP	
TITLE	<b>V</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICH, DANNY R.</b>	2 2 NAME	
STREET ADDRESS	<b>5515 N.W. 28TH TERRACE</b>	2 3 STREET ADDRESS	
CITY, ST, ZIP	<b>GAINESVILLE FL 32653</b>	2 4 CITY, ST, ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY, ST, ZIP		3 4 CITY, ST, ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY, ST, ZIP		4 4 CITY, ST, ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY, ST, ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Jenny Carter** 7/31/95 904-378-9361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Update (Print name)

CR2E034 (3/95)