

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000057160 (1)**
1. Corporation Name
DEXCO TREE FARMS, INC

Principal Place of Business: **16503 VILLESPIN CT TAMPA FL 33613**
Mailing Address: **16503 VILLESPIN CT TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE
3. Date of Incorporation or Qualified: **08/01/1994**
3a. Date of Last Report

2. Principal Place of Business
21 **18007 CRAWLEY RD**
22 **ODESSA**
23 **ODESSA, FL.**
24 **Hillsborough**

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

4. FEI Number: **59-3229554**
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
**FELKER, ALAN R
16503 VILLESPIN CT.
TAMPA FL 33613**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PRES, SEC, TREASURER
NAME	ALAN R. FELKER
STREET ADDRESS	16503 VILLESPIN CT
CITY, ST, ZIP	TAMPA, FL. 33613
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator thereof to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or in an attachment with any block.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN R. FELKER PROS
DATE: **2/27/95** 813-
985-8404