

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000057160 (1)**

1. Corporation Name
DEXCO TREE FARMS, INC



Principal Place of Business

8834 N 56TH ST.
TAMPA FL 33617
US

Mailing Address

16503 VILLESPIAN CT.
TAMPA FL 33613

3. Date Incorporated or Qualified **08/01/1994** 3a. Date of Last Period **04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 [] 26 **8834 N. 56th ST.**
Suite, Apt. #, etc. [] Suite, Apt. #, etc. []
22 [] 27 []
City & State [] City & State **TAMPA, FL**
23 [] 28 []
Zip [] Country [] Zip **33617** Country **USA**
24 [] 25 [] 29 [] 30 []

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 [x] No

9. Name and Address of Current Registered Agent

**FELKER, ALAN R
16503 VILLESPIAN CT.
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name **ALAN R. FELKER**
82 Street Address (P.O. Box Number is Not Acceptable) **8834 N. 56th ST**
83 []
84 City **TAMPA** FL 85 Zip Code **33617**

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

[Signature]

ALAN R. FELKER

2/15/96.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FELKER, ALAN R.	
STREET ADDRESS	16503 VILLESPIAN CT	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FELKER, ALAN R	
1.3 STREET ADDRESS	8834 N. 56th ST	
1.4 CITY - ST - ZIP	TAMPA, FL - 33617	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

ALAN R. FELKER 2/15/96

Date

Daytime Phone

212 806-8404

CR2E034 (12/95)