

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:22

DOCUMENT # 469207 (5)

1. Corporation Name

FLORIDA WHOLESALE TREES, INC.

Principal Place of Business

401 CLONTS ST.
OVIEDO FL 32765

Mailing Address

401 CLONTS ST.
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1975	3a. Date of Last Report 03/14/1994
4. FEI Number 59-1577997	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. 190.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

MCCULLER, JAMES B.
401 CLONTS ST.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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

Signature (Print or printed name of registered agent and title of agent)

(If not Registered Agent Signature required when modifying)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCULLER, SANDRA A	1.2 NAME	
STREET ADDRESS	509 LAKE CHARM DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	OVIEDO FL	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCULLER, JAMES B	2.2 NAME	
STREET ADDRESS	509 LAKE CHARM DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	OVIEDO FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
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 199.02(4)(b), Florida Statutes. I further certify that the information indicated on this original report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I had made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an original.

SIGNATURE

James B. McCuller Pres

SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR

9 JAN 1995 407 366 6459