## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 469207 1. Corporation Name

FLORIDA WHOLESALE TREES, INC.

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Principal Plac	ce of Business	Mailing Address			r (2014) bibin divin latin illiti nasil (00) g	(181) B)B\$  U(B   U)U(  U	
401 CLONTS ST. 401 CLONTS ST. OVIEDO FL 32765 OVIEDO FL 32765							
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					02/05/1975		
	Place of Business	2a. Mailing Addre	:55		4. FEI Number	<u> </u>	olied For
21 Suito Ant	# -1	26 Suito 4-4-4	-1-		59-1577997		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	eic.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Rec	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	Мау Ве
23		28			Trust Fund Contribution	Added to	Fees
Zip 24	Country 25	Zip 29	30	ntry	This corporation owes the current year     Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	
		,		81 Name			
	CULLER, JAMES B. CLONTS ST.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
· OVII	EDO FL 32765		•	83	<del></del>		•
`4			_		<u> </u>		
				84 -City	e le se reservationement de la les	FL 85 Zip C	ode · · · ·
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such chang- ations of, Section 607.0	e was authorized 505, Florida State	I by the corpora utes.	reporation submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as reg	istered
12.		ND DIRECTORS	13,	Agont agristure requ	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	STD		LETE 1.1 Tr		7,007,010,010,010,010,010,010,010		
NAME	1			ILE I		☐ Change	☐ Addition
STREET ADDRESS	MCCULLER, SANDRA A			1	: ·; · :	Change	☐ Addition
	MCCULLER, SANDRA A		1.2 NA	ME	÷ .;	☐ Change	☐ Addition
	509 LAKE CHARM DR.	□ bei	1.2 NA 1.3 ST	ME REET ADDRESS	÷ 4, 3	Change	☐ Addition
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CITY-ST-ZIP	509 LAKE CHARM DR. OVIEDO FL PD		1.2 NA 1.3 ST 1.4 CF LETE 2.1 TH	ME REET ADDRESS IY-ST-ZIP	· ·, ·	☐ Change	☐ Addition
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6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90026 019 \*\*\*150.00

CR2E034 (11/98)