

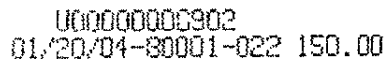


**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

|  |  |   |  |  |
|--|--|---|--|--|
| <b>DOCUMENT # 469207</b>   |  | <b>Secretary of State</b><br>  |  |  |
| <b>1. Entity Name</b><br>FLORIDA WHOLESALE TREES, INC.   |  |   |  |  |
| <b>Principal Place of Business</b><br>401 CLONTS ST.<br>OVIDO, FL 32765  | <b>Mailing Address</b><br>401 CLONTS ST.<br>OVIDO, FL 32765  |    |  |  |
| DO NOT WRITE IN THIS SPACE   |  | 01122004    No Chg-P    CR2E034 (10/03)   |  |  |
|  |  | <b>4. FEI Number</b><br>59-1577997 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For<br/>Not Applicable</div>                                       |  |  |
|  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  | DO NOT WRITE IN THIS SPACE  |  |  |
| MCCULLER, JAMES B.<br>401 CLONTS ST.<br>OVIDO, FL 32765  |  |   |  |  |
| <b>B.</b> The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |   |  |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <br><br><div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | STD<br>MCCULLER, SANDRA A<br>509 LAKE CHARM DR.<br>OVIDO, FL |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>MCCULLER, JAMES B<br>509 LAKE CHARM DR.<br>OVIDO, FL   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |  |
| <b>12.</b> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |  |
| <b>SIGNATURE:</b> <i>James B McCuller</i> <b>JAMES B McCuller</b> 13 JAN 04    4073656459<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |  |   |  |  |