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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 554989

(4)

	DREST FOLIAGE INCORP				
Principal Place of Business  BEULA CHURCH ROAD  P.O. BOX 368		Mailing Address  BEULA CHURCH ROAD P.O. BOX 368			
WELAKA FL 33	2193	WELAKA FL 32193		<ol> <li>Date Incorporated or Qualified 11/03/1977</li> </ol>	05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4, FEI Number 59-1843066	Applied For Not Applicable
Suite, Apt. #.	etc.	26   Suite, Apt. #, etc.   27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Z <sub>(f)</sub>	Country 30	Florida Statutes 👿 Ye	or intangible tax under si 199.032, esi 🗌 No
	g. Name and Address of Curre			10. Name and Address of New	Registered Agent
ASBURY, JAY D. 315 EAST CENTRAL AVENUE CRESCENT CITY FL 32012			81 Name 82 Street Ad	ldress (P.Ö. Box Number is Not Accept	able)
			84 City		FL 85 Zip Code
SIGNATURE:  12.  TITLE  NAME	PD NATVEY, GUNTHER F.	id aliam ( to, siculie	93(s. Fegasson Agent squature rev 13. 1 + 1 fill f 1 2 NAME	ADDITIONS/CHANGES 10 O	FFICERS AND DIRECTORS IN 12  Charge Addition
STREET ADORESS	BEULAH CHURCH ROAD		1.3 STEEFT ADDRESS		
CITY-ST-ZIP	FRUITLAND FL	DELETE	2.1 TILE		Change Addition
TITLE NAME STREET ADORESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELE1E	2.4 CEY+ST-ZEP 3.1 DELE 3.2 NAME		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS - 3.4 CHY   S1-ZIP		
TITLE NAME STREET ADDRESS		[] DELETE	4 1 TIFLE 42 NAME 43 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE		[] DELETE	4.4 City - ST - ZiP 5.1 Title 5.2 NAME		Change Addition
NAME STREET ADDRESS CITY: ST-ZIF			5.3 STREET ADDRESS 5.4 City - St. Zip		☐ Change ☐ Add tion
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	6 1 THLE 62 NAME 63 SPREET ADDRESS 64 CHY-ST-ZP		☐ Change ☐ Addition  19.07(3)(k), Florida Statutes. I further

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)(k). Florida Statutes. I further certify that the information indicated or 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 cognication 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 PARTIED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/96 (904)467-2565

R2F034 (12/95)