SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

7-16-96 B- 7312 -C

DOCUMENT # **653781** **(5)**

1. Corporation Name

DAVIDSON'S TREE FARM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1118 BRANFORD FL 32008	P.O. BOX 1118 BRANFORD FL 32008

3. Date Incorporated or Qualified: 01/28/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1970974 — 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 ☐ No

9. Name and Address of Current Registered Agent

DAVIDSON, JAMES B.
RT. 1, BOX 1892
O'BRIEN FL 32071

10. Name and Address of New Registered Agent

81 Name: DAVIDSON, James B.
82 Street Address (P.O. Box Number is Not Acceptable): 6777 CR 248
83
84 City: O'Brien FL — 85 Zip Code: 32071

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: Type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	DAVIDSON, JAMES B.	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 1892	1.3 STREET ADDRESS	6777 CR. 248
CITY-ST-ZIP	O'BRIEN FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DAVIDSON, SYBIL	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 1892	2.3 STREET ADDRESS	6777 CR 248
CITY-ST-ZIP	O'BRIEN FL	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DAVIDSON, SUE	3.2 NAME	
STREET ADDRESS	RT 3 BOX 301	3.3 STREET ADDRESS	26032, 77th Rd.
CITY-ST-ZIP	BRANFORD FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sybil A. Davidson — SYBIL A. DAVIDSON — 7/11/96 — 904-935-3592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)