

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 680593

(1)

1. Corporation Name

TREE FACTORY, INC.

Principal Place of Business

853 ELLER DR
PO BOX 22778
FORT LAUDERDALE FL 33335-2778

Mailing Address

853 ELLER DR
PO BOX 22778
FORT LAUDERDALE FL 33335-2778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1980

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2025441

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 G. 189.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

BROWN, WILLIAM H JR

812 S. E. 8th St.
FT LAUD FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, WILLIAM H JR
STREET ADDRESS 812 S. E. 8th St.
CITY ST ZIP FT LAUD, FL 00000

TITLE SD
NAME BROWN, WM HARTLAND SR
STREET ADDRESS 1519 S E 13TH ST
CITY ST ZIP FT. LAUDERDALE FL

TITLE SD
NAME Brown, Anna Lena
STREET ADDRESS 812 S. E. 8th St.
CITY ST ZIP Ft. Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
600001473906
-05/03/95--01142--007
***200.00 ***200.00

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(1)(k), Florida Statutes. I further certify that the information contained on this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Brown, Jr.

4/20/95

523-5988