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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005147

EMERALD FOREST CHRISTMAS TREES, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90132 045 ***150.00

Principal Place	e of Business	Mailing Address			•	T TODICOD 1150 FUNC MADIA DURIN CUNTE BANK	H OBIN ENION HIND	13 0 61 VIV II	1961 1981
705 RAINWATER LANE		705 RAINWATER LANE							
MANITOU KY 42436		MANITOU KY 42436				DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed			
						10/04/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T	Applie	d For
21		26				61-1229558		<u> </u>	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Add	itional
22		27				5. Certifcate of Status Desired	Fee	Requi	red
City & State	е	City & State				6. Election Campaign Financing	\$5.	00 Ma	у Ве
23		28				Trust Fund Contribution	Ado	led to F	ees
Zip	Country	Zip	Count	try		8. This corporation owes the current year.		_	
24	25	29	30			Personal Property Tax.	Yes		No
	9. Name and Address of Curr	ent Registered Agent		81 N	ame	10. Name and Address of New Regis	terea Agent		
RPA	CKLEBANK, VINCENT G				LITIC				
1578 MADRUGA AVENUE			Ĩ	82 S	treet Addre	ddress (P.O. Box Number is Not Acceptable)			
	AL GABLES FL 33146			83					
00.,	The Grander of the Grand								
•			1	84 C	ity		FL 85	Zip Cod	le
			1	- 1					
11 Dumunnt	to the provisions of Sections 607.0	502 and 607 1508 Florida Statu	tes the ahr	nve-na	med com	oration submits this statement for the purp	ose of changin	a its rec	ristered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized I	by the	med corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing appointment a	g its reg s regist	gistered tered
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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: