FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90140 047 ***150.00

DOCUMENT # G27649

1. Corporation Name
FLORIDA TREE GROWERS, INC.

Principal Place of Business	Mailing Address
5744 FLAMINGO DR. C/O WILLIAM REESE II CAPE CORAL FL 33904	5744 FLAMINGO DR. C/O WILLIAM REESE II CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/14/1983

4. FEI Number: 59-1999038 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21: 1401 S.W. 52nd Ter
Suite, Apt. #, etc. 22:
City & State 23: CAPE CORAL, FLA.
Zip 24: 33914 Country 25: LEE

2a. Mailing Address
26: P.O. Box 234
Suite, Apt. #, etc. 27:
City & State 28: Cape Coral, FLA.
Zip 29: 33910 Country 30: LEE

9. Name and Address of Current Registered Agent

REESE, WILLIAM II
5744 FLAMINGO DR.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: William S. Reese II
82 Street Address (P.O. Box Number is Not Acceptable): 1401 S.W. 52 Ter.
83:
84 City: CAPE CORAL FL 85 Zip Code: 33914

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REESE, WILLIAM, SR.		1.2 NAME	
STREET ADDRESS	5744 FLAMINGO DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	
TITLE	VSTD	☐ DELETE	2.1 TITLE	POUSTP ☑ Change ☐ Addition
NAME	REESE, WILLIAM I		2.2 NAME	William S. REESE II
STREET ADDRESS	1401 SW 52ND TERRACE		2.3 STREET ADDRESS	1401 S.W. 52nd Ter.
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	Cape Coral, Fla. 33914
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			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 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: William S. Reese II PD (William S. REESE II) 4-20-99 283-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)