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

DOCUMENT # G27649

1. Corporation Name

FLORIDA TREE GROWERS, I	NC.
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
2. Principal Place of Business 21 /40/5, W. 52 Suite, Apt. #, etc.	ten 26 P. Box 23

Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution This corporation owes the current year Intangible

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90140 047 ***150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/14/1983 4. FEI Number

59-1999038

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607/505/5. Floridad Statutus. SIGNATURE Signature, typical or present name of negitized agent and lite if applicable. (NOTE: Replaced Agent signature of negitized agent and lite if applicable. (NOTE: Replaced Agent signature of negitized agent and lite if applicable. (NOTE: Replaced Agent signature of negitized agent and lite if applicable. (NOTE: Replaced Agent signature of negitized agent and lite if applicable. (NOTE: Replaced Agent signature or negitized when relievability) (NOTE: Replaced Agent signature of negitized agent and lite if applicable. (NOTE: Replaced Agent signature or negitized agent and lite if applicable. (NOTE: Replaced Agent signature or negitized agent and lite if applicable. (NOTE: Replaced Agent signature or negitized agent and lite if applicable. (NOTE: Replaced Agent signature or negitized agent and lite if applicable. (NOTE: Replaced Agent signature or negitized when relievability) (NOTE: Replaced Agent signature or negitized agent and lite if applicable. (NOTE: Replaced Agent signature required when relievability) (NOTE: Replaced Agent signature required when re	4 33 <i>9</i>	114 25 LEE 29 33910 [30 LEE	Personal Property Tax.	Yes	□No		
REESE, WILLIAM II 5744 FLAMINGO DR. CAPE CORAL FL 33904 11. Pursuant to the provisions of Sections 807 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Fordida Statutes, the above-named 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, Fordida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. SUprovisor, Department and impatituded agent and the flaphicable. (INOTE Replaced Agent agricular integrate when reliculating) MAKE 12. The provision of price arms of impatituded agent and the flaphicable. (INOTE Replaced Agent agricular integrate when reliculating) MAKE 12. The provision of price arms of impatituded agent and the flaphicable. (INOTE Replaced Agent agricular integrate when reliculating) MAKE 12. The provision of price arms of impatituded agent and the flaphicable. (INOTE Replaced Agent agricular integrate when reliculating) MAKE 12. The provision of price arms of impatituded agent and the flaphicable. (INOTE Replaced Agent agricular integrate when reliculating) MAKE 12. The provision of price arms of impatituded agent and the flaphicable. (INOTE Replaced Agent agricular integrate when reliculating) MAKE 12. THE PD MAKE 13. THE TARGES 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent			
11. Pursuant to the provisions of Sections 607 (502) and 607 1508, Floridal Statutes, the above-named conformation submits this statement for the purpose of changing instregistered office or registered agent, I am familiar with, and accept the obligations of, Section 607 (505, Floridal Statutes). SIGNATURE Signature, typed or printed name of registered agent and ster if applicable. (NOTE: Registered Agent agent). (NOTE: Registered Agent	5744	SE, WILLIAM II FLAMINGO DR.	82 Street	101 5.W. 9 L Nes.	85 30	Code		
Signature, typed or printed name of regulared agent and title if applicable. 13	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 of 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 of 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 of 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 of 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 of 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 of the provisions of the purpose of changing its registered of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of							
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indicated on this annual report or supplied with 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 from an attachment with an address with all other like empowered.

SIGNATURE: