

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:32

DOCUMENT # H22888

(2)

1. Corporation Name

LAKE COUNTY TREE FARMS, INC.

Principal Place of Business

3042 HOLLIDAY AVE
APOPKA FL 32703

Mailing Address

3042 HOLLIDAY AVE
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1984

3a. Date of Last Report

02/22/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2462160

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDUYNE, GILES O., JR.
3042 HOLLIDAY AVE
APOPKA FL 32703

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 title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

TD

NAME

VANDUYNE, SUSAN H.

STREET ADDRESS

307 3RD ST., N.E.

CITY-ST-ZIP

WINTER HAVEN FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

PD

NAME

VANDUYNE, JR. G

STREET ADDRESS

3042 HOLLIDAY AVE

CITY-ST-ZIP

APOPKA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Vice President/Director

☒ Change ☐ Addition

TITLE

SD

NAME

VANDUYNE, MARTHA

STREET ADDRESS

3042 HOLLIDAY AVE.

CITY-ST-ZIP

APOPKA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

President/Director

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an addendum.

SIGNATURE:

(Signature and typed or printed name of signing officer on dissolution)

2/2/95 407-788-1224