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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

**FILED** Apr 23 1998 8:00am Secretary of State

COLMA	AC TREE F	ARMS, INC.											
Principal Place of Business Mailing Address										T NOOTOTO OLIT LOCKY HE BOR 17616 DEVICE II	.01 81811 <b>8</b> 181	I BIGIL BION DIS	
% BRUCE MCCLENDON 8501 GUNN HIGHWAY ODESSA FL 33556			8501	% BRUCE MCCLEMDON 8501 GUNN HIGHWAY ODESSA FL 33556					DO NOT WRITI	E IN THIS	SPACE		
									3.	Date Incorporated or Qualified			
2. Principal F	Place of Busine	2a. M	2a. Mailing Address					4	<b>09/24/1985</b> FEI Number				
21			1	26					•	59-2681204		<del>  -</del>	pplied For lot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.									Additional
22			27						5.	Certificate of Status Desired		Fee R	lequired
City & State				City & State						Election Campaign Financing	<b>-</b>		May Be
	Zip Country		<b>28</b>	Zip Coi						Trust Fund Contribution			to Fees
24	2	5	29		30				6.	This corporation owes or has pa Personal Property Tax due June			nangibie ☑ No
	9. Name a	ind Address of Cur	rent Register	ed Agent		L,			10.	Name and Address of New Ro			
MCCLENDON, BRUCE						81	Name						
	1 GUNN HIG				82	Street	Street Address (P.O. Box I		O. Box Number is Not Accepta	ble)			
00	DE <b>S\$</b> A FL 33					·-····							
						64	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 register of 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												ts registered registered	
	Signature, typicd or	proted name of regescred			11 Register	ed Age	nt signature	required	when	reinstating)	DATE		
12.	<del> </del>	OFFICERS A	MD DIRECTO		13.				A	ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE NAME	P	YOM DOLLOE		☐ DELETE	1.1 ]							☐ Change	Addition
	NAME MCCLENDON, BRUCE STREET ADDRESS 8501 GUNN HWY			1.2 N			ADOUEOO						
CITY-ST-ZIP	QDESSA					HIY-SI	ADDRESS						
TITLE	35555.1	· • · · · · · · · · · · · · · · · · · ·		DELETE	211		1-211					Change	Addition
NAME					22 N	IAME							
STREET ADDRESS					2.3 \$	TREET	ADDRESS						
CITY-ST-ZIP				D DSUETE		CHTY-S	1 - ZIP						
TITLE				☐ DELET <b>e</b>	3.1 7							L Change	Addition
NAME Street address					3.2 N		ADDRESS						
CITY-ST-ZIP						CITY-S							
TITLE				DELETE	4.1 T		1-211					Change	Addition
NAME					4.21	IAME						•	
STREET ADDRESS					4.3 S	TREET	address :						
CITY-ST-ZIP					4.4 C	ITY-SI	1 - ZIP						
TITLE				☐ DELE <b>te</b>	5.1 T							Change	Addition
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STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	5.4 C 6.1 To	ITY - ST ITLE	- ZIP				~~~ <del>~~~</del>	Change	Addition
NAME					6.2 N		ļ					— Griorige	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP										
	certify that the i	information supplied	with this fitne	does not qualify t				d in Sc	etion	n 119 07/3Vi). Florida Statutes I	further oc	ortify that the	Information

indicated on this arrival report or suppliemental arrival report is true and according to the exemption stated in Section 19.0/(3)(i), Florida Statules. Further certify that the information indicated on this arrival report or suppliemental arrival report is true and according to the exemption stated in Section 19.0/(3)(ii), Florida Statules. Further certify that the information indicated on this arrival report or suppliemental arrival report is true and according 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 affactment with an address.