SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8: 14

DOCUMENT # J52352 (8)

1. Corporation Name
TRUSTY TREES, INC.

Principal Place of Business	Mailing Address
C/O TRUSTEN P. DRAKE 1430 S E 8TH ST OCALA FL 32671	C/O TRUSTEN P. DRAKE 1430 S E 8TH ST OCALA FL 32671

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 c/o Raymond McBride	26 c/o Raymond McBride
Suite, Apt. #, etc. 22 2345 S.E. 17th St	Suite, Apt. #, etc. 27 2345 S.E. 17th St
City & State 23 Ocala, FL	City & State 28 Ocala, FL
Zip 24 34471 Country 25 USA	Zip 29 34471 Country 30 USA

3. Date Incorporated or Qualified: 01/16/1987
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2803853 ☐ Applied For ☐ Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCBRIDE, RAYMOND
1430 SE 8TH ST
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name: Raymond McBride
82 Street Address (P.O. Box Number is Not Acceptable): 2345 S.E. 17th St
83 Ocala, FL
84 City: Ocala FL 85 Zip Code 34471

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] Raymond McBride 7/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DRAKE, TRUSTEN P.	1.2 NAME	
STREET ADDRESS	2207 S PINE AVE	1.3 STREET ADDRESS	
CITY ST ZIP	OCALA FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DRAKE, GEORGE K.	2.2 NAME	
STREET ADDRESS	2207 S PINE AVE	2.3 STREET ADDRESS	
CITY ST ZIP	OCALA FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	MCBRIDE, RAYMOND	3.2 NAME	Raymond McBride
STREET ADDRESS	2207 S PINE AVE	3.3 STREET ADDRESS	2345 S.E. 17th St
CITY ST ZIP	OCALA FL	3.4 CITY ST ZIP	Ocala, FL 34471
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

CR2E034 (3/95)

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Raymond E. McBride 7/11/95 904-867-8138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0100410 FP