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FILED

Jan 22 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J52352 (8)

1. Corporation Name  
TRUSTY TREES, INC.

Principal Place of Business

C/O RAYMOND MCBRIDE  
2345 S E 17TH ST  
OCALA FL 34471  
US

Mailing Address

C/O RAYMOND MCBRIDE  
2345 SE 17TH ST  
OCALA FL 34471-2620  
US3. Date Incorporated or Qualified  
01/16/19873a. Date of Last Report  
03/11/1996

2. Principal Place of Business

21. C/O Raymond McBride  
Suite, Apt. #, etc.

2a. Mailing Address

26. C/O Raymond McBride  
Suite, Apt. #, etc.

4. FEI Number

59-2803853

Applied For

Not Applicable

22. 1224 SE Fort King St  
City & State27. 1224 SE Fort King St  
City & State

5. Certificate of Status Desired

8.75 Additional  
Fee Required23. Ocala, FL  
Zip28. Ocala, FL  
Zip6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees24. 34471  
Country

25. USA

29. 34471  
Country

30. USA

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  
2345 SE 17TH ST  
OCALA FL 34471

10. Name and Address of New Registered Agent

81. Name

Raymond McBride

82. Street Address (P.O. Box Number is Not Acceptable)

1224 SE Fort King St.

83.

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, typed or printed name of registered agent and title, if applicable  
(NOTE: Registered Agent signature required when reinstating)1/14/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DRAKE, TRUSTEN P.  
STREET ADDRESS 2207 S PINE AVE  
CITY - ST - ZIP Ocala FL  
[ ] DELETETITLE D  
NAME DRAKE, GEORGE K.  
STREET ADDRESS 2207 S PINE AVE  
CITY - ST - ZIP Ocala FL  
[ ] DELETETITLE D  
NAME MCBRIDE, RAYMOND  
STREET ADDRESS 2345 SE 17TH ST  
CITY - ST - ZIP Ocala FL  
[ ] DELETETITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: Raymond McBride (Raymond McBride) Sec/Treas. 1/14/97 352-237-8120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)