**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 APR 19 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K04385 (6)

1. Corporation Name
VAR-GAL TREE FARM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % JAMES R. WILSON<br>170 E. GRANADA BLVD.<br>ORMOND BEACH FL 32176-6665 | % JAMES R. WILSON<br>170 E. GRANADA BLVD.<br>ORMOND BEACH FL 32176-6665 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1987
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21 c/o William M. Barr
Suite, Apt. #, etc.
22 170 E. Granada Blvd.
City & State
23 Ormond Beach
Zip 24: 32176 County 25: Volusia

2a. Mailing Address
26 c/o William M. Barr
Suite, Apt. #, etc.
27 170 E. Granada Blvd.
City & State
28 Ormond Beach, FL
Zip 29: 32176 Country 30: Volusia

4. FEI Number: 59-2860327 ☐ 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

WILSON, JAMES R.
170 E. GRANADA BLVD.
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name: BARR, WILLIAM M.
82 Street Address (P.O. Box Number Is Not Acceptable): 170 East Granada Boulevard
83
84 City: Ormond Beach FL 85 Zip Code: 32176

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: 4/3/95
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 | 11 TITLE | ☒ Change | ☐ Addition |
| NAME | VARNEY, MADELINE R. | 12 NAME | VARNEY, MADELINE R. | |
| STREET ADDRESS | 225 S. LAUREL | 13 STREET ADDRESS | 2756 N. Green Valley Parkway, Ste. 403 | |
| CITY-ST-ZIP | UPLAND CA | 14 CITY-ST-ZIP | Henderson, Nevada 89014 | |
| TITLE | D | 21 TITLE | ☒ Change | ☐ Addition |
| NAME | GALLAGHER, JOSEPH P. | 22 NAME | GALLAGHER, JOSEPH P. | |
| STREET ADDRESS | 80 WOODCHUCK HOLLOW RD. | 23 STREET ADDRESS | 45 Lakebridge Drive South | |
| CITY-ST-ZIP | COLD SPRING HARBOR NY | 24 CITY-ST-ZIP | Kings Park, New York 11754 | |
| TITLE | D | 31 TITLE | ☐ Change | ☒ Addition |
| NAME | GALLAGHER, RICHARD | 32 NAME | | |
| STREET ADDRESS | 5 MOUNT PYRAMID CT. | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | FARMINGVILLE NY | 34 CITY-ST-ZIP | 11738 | |
| TITLE | D | 41 TITLE | ☐ Change | ☒ Addition |
| NAME | BOOKER, PATRICIA G. | 42 NAME | | |
| STREET ADDRESS | 3757 S ATLANTIC AVE., #1005 | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BCH SHORES FL | 44 CITY-ST-ZIP | 32127 | |
| TITLE | D | 51 TITLE | ☐ Change | ☒ Addition |
| NAME | ANASTASI, BARBARA G. | 52 NAME | | |
| STREET ADDRESS | 9214 MCDAVID COURT | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | WINDEMERE FL | 54 CITY-ST-ZIP | 34786 | |
| TITLE | | 61 TITLE | ☐ Change | ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

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)(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: Joseph P. Gallagher — PRESIDENT — (904) 673-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH P. GALLAGHER

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