

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K04385** (6)

1. Corporation Name

**VAR-GAL TREE FARM, INC.**



Principal Place of Business

Mailing Address

C/O WILLIAM M. BARR  
170 E. GRANADA BLVD.  
ORMOND BEACH FL 32176-6665  
US

C/O BARR, WILLIAM M.  
170 E. GRANADA BLVD.  
ORMOND BEACH FL 32176-6665  
US

3. Date Incorporated or Qualified  
**12/01/1987**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

10. Name and Address of New Registered Agent

BARR, WILLIAM M  
170 E. GRANADA BLVD.  
ORMOND BEACH FL 32074

81 Name

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

83

84 City

**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

Signature, typed or printed name of registered agent, and fee 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 ☐ DELETE  
NAME VARNEY, MADELINE R  
STREET ADDRESS 2756 NORTH GREEN VALLEY PKY, SUITE 403  
CITY- ST- ZIP HENDERSON NV

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP **89014**

TITLE D ☐ DELETE  
NAME GALLAGHER, JOSEPH P.  
STREET ADDRESS 45 LAKEBRIDGE DRIVE SOUTH  
CITY- ST- ZIP KINGS PARK NY

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP **11754**

TITLE D ☐ DELETE  
NAME GALLAGHER, RICHARD  
STREET ADDRESS 5 MOUNT PYRAMID CT.  
CITY- ST- ZIP FARMINGVILLE NY

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP **11738**

TITLE D ☐ DELETE  
NAME BOOKER, PATRICIA G.  
STREET ADDRESS 3757 S ATLANTIC AVE., #1005  
CITY- ST- ZIP DAYTONA BCH SHORES FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP **2127**

TITLE D ☐ DELETE  
NAME ANASTASI, BARBARA G.  
STREET ADDRESS 9214 MCDAVID COURT  
CITY- ST- ZIP WINDEMERE FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP **34786**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 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 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:

*Joseph P. Gallagher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

(904) 67304200

Date

Daytime Phone #

CR2E034 (12/95)