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Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address  
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 01/30/1996
4. FEI Number 59-2860327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 32176
83	
84 City	

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 of individual or officer or director of corporation 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 NAME STREET ADDRESS CITY - ST - ZIP	D VARNEY, MADELINE R 2756 NORTH GREEN VALLEY PKY, SUITE 403 HENDERSON NV	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 89014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLAGHER, JOSEPH P. 45 LAKEBRIDGE DRIVE SOUTH KINGS PARK NY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLAGHER, RICHARD 5 MOUNT PYRAMID CT. FARMINGVILLE NY	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOOKER, PATRICIA G. 3757 S ATLANTIC AVE., #1005 DAYTONA BCH SHORES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANASTASI, BARBARA G. 9214 MCDAVID COURT WINDEMERE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Joseph P. Gallagher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOSEPH P. GALLAGHER, PRESIDENT

(904) 673-4200

Date

Daytime Phone #

CR2E034 (9/96)