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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L53752** **(6)**

1. Corporation Name

BEAR'S ESSENTIALS EUCALYPTUS & ORNAMENTALS, INC.

Principal Place of Business	Mailing Address
% ARTHUR W. HEADLEY 1165 BUCKLES RD/P O BOX 237 BARBERVILLE FL 32105	PO BOX 237 BARBERVILLE FL 32105-0237

3. Date Incorporated or Qualified: 02/28/1990
3a. Date of Last Report: 01/24/1995
4. FEI Number: 59-2994474 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 N/A	26 N/A
Suite, Apt. #, etc.: 22 N/A	Suite, Apt. #, etc.: 27 N/A
City & State: 23 N/A	City & State: 28 N/A
Zip: 24 N/A Country: 25 N/A	Zip: 29 N/A Country: 30 N/A

9. Name and Address of Current Registered Agent

HEADLEY, ARTHUR W.
1165 BUCKLES ROAD
BARBERVILLE FL 32105

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable): N/A
83: N/A
84 City: N/A **FL** 85 Zip Code

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: N/A (Signature, typed or printed name of registered agent and title, if applicable) (Date) (Registered Agent's typed or printed name, if required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEADLEY, DELIGHT R.		1.2 NAME		
STREET ADDRESS	PO BOX 237 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	BARBERVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHREINER, ESHIA DAWN		2.2 NAME		
STREET ADDRESS	239 LUCERNE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Delight R. Headley — Delight R. Headley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

904-749-9371
Daytime Phone Number