

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L97288** (9)
1. Corporation Name
WEST VOLUSIA TREE FARM, INC.



Principal Place of Business: **1475 WEST PLYMOUTH AVENUE DELAND FL 32720**
Mailing Address: **1475 WEST PLYMOUTH AVENUE DELAND FL 32720**

3. Date Incorporated or Qualified: **08/29/1990**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-3025554** 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**POWERS, JOHN A.
544 BLACK IRONWOOD DRIVE
DELAND 32724**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.065, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, MATTHEW L.	12. NAME	
STREET ADDRESS	316 S WIGGINS RD	13. STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY FL	14. CITY, ST, ZIP	
TITLE	PD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JOHN A.	22. NAME	
STREET ADDRESS	544 BLACK IRONWOOD DRIVE	23. STREET ADDRESS	
CITY, ST, ZIP	DELAND FL	24. CITY, ST, ZIP	
TITLE	VD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, LEE M.	32. NAME	
STREET ADDRESS	1475 W PLYMOUTH AVE	33. STREET ADDRESS	
CITY, ST, ZIP	DELAND FL	34. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *John A. Powers* **John A. Powers** 2-24-96 (904) 353-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY MONTH YEAR

CR2E034 (12/95)