FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1475 WEST PLYMOUTH AVENUE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97288

(9)

1475 WEST PLYMOUTH AVENUE

Mailing Address

WEST VOLUSIA TREE FARM, INC.

FILED
Feb 17 1997 8:00am
Secretary of State

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Fill Number 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. Country 3. Country 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Country 8. This corporation has liability for intanging 7. Country 8. This corporation has liability for intanging 7. Country 8. This corporation has liability for intanging 7. Country	Date of Last Report
Suite, Apt. #, etc. Soute, Apt. #, etc.	02/27/1996
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired City & State State State Status Desired City & State State State State State Status Desired City & State	Applied For
City & State Country Zip Country R. This corporation has liability for intangle Florida Statutes POWERS, JOHN A. S44 BLACK IRONWOOD DRIVE DELAND 32724 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) Final State of Florida Statutes Registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATUR	Not Applicable
City & State Country Country Country Country Country Country Country Country R. This corporation has liability for intangle Florida Statutes Florida Statutes POWERS, JOHN A. S44 BLACK IRONWOOD DRIVE DELAND 32724 83 City Financing Florida Statutes Street Address of New Registers 84 City Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Street Address (P.O. Box Number is Not Acceptable) Financing Florida Statutes Financing Fl	\$8.75 Additional Fee Required
2/p Country 2/p Country 2/p Country 8. This corporation has liability for intanging Florida Statutes 4/p Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 10. Name and Address of New Registered Agent 20. Name 20. Nam	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent POWERS, JOHN A. 544 BLACK IRONWOOD DRIVE DELAND 32724 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Fig. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 stagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 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 ATTIFLE NAME POWERS, MATTHEW L. 316 S WIGGINS RD PLANT CITY FL 1.1 STREET ADDRESS DIY-ST-ZIP PLANT CITY FL 1.4 CITY-ST-ZIP	ible tax under s. 199.032,
POWERS, JOHN A. 544 BLACK IRONWOOD DRIVE DELAND 32724 83 84 City F 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature special printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATI 12. OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME STREET ADDRESS 318 \$ WOGANS RD 1.3 STREET ADDRESS DIY-ST-ZIP PLANT CITY FL 1.4 CITY-ST-ZIP	□ No
## Powers, Juhn A. 544 BLACK IRONWOOD DRIVE DELAND 32724 82 Street Address (P.O. Box Number is Not Acceptable) 83 84	ed Agent
DELAND 32724 83 84 City F 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type of or printed name of registered agent and title if applicable. (NOTE: Registered Agent spealure required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS TIFLE NAME POWERS, MATTHEW L. 1.1 TIFLE POWERS, MATTHEW L. 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS DIY-ST-ZIP PLANT CITY FL.	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Sypco or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent spealure required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS INTILE POWERS, MATTHEW L. 1.1 TITLE POWERS, MATTHEW L. 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS DIY-ST-ZIP PLANT CITY FL.	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATI 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS ATTICLE NAME POWERS, MATTHEW L. 1.1 TITLE POWERS, MATTHEW L. 1.2 NAME STREET ADDRESS DITY-ST-ZIP PLANT CITY FL. 1.4 CITY-ST-ZIP	<u></u>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATI 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS ATTICLE NAME POWERS, MATTHEW L. 1.1 TITLE 1.2 NAME SIREET ADDRESS GTY- ST- ZIP PLANT CITY FL 1.4 CITY- ST- ZIP	85 Zip Code
SIGNATURE Signature Sycolor printed name of registeric agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS ATTICE NAME	-L
12. OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME POWERS, MATTHEW L. STREET ADDRESS DITY-ST-ZIP PLANT CITY FL 13. ADDITIONS/CHANGES TO OFFICERS AT 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP	
TITLE D DELETE 1.1 TITLE NAME POWERS, MATTHEW L. 1.2 NAME STREET ADDRESS 316 S WIGGINS RD 1.3 STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 1.4 CITY-ST-ZIP	AND DIRECTORS IN 12
STREET ADDRESS 316 S WIGGINS RD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS 318 S WIGGINS RD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP	
THILE PD DELETE 21 TITLE	
	Change Addition
NAME POWERS, JOHN A. 2.2 NAME	•
STREET ADDRESS 544 BLACK IRONWOOD DRIVE 2.3 STREET ADDRESS	
CITY-ST-ZIP DELAND FL 2:4 CITY-ST-ZIP	
TITLE VD DELETE 3.3 TITLE	Change Addition
NAME POWERS, LEE M. 32 NAME	
SHEET ADDRESS 1475 W PLYMOUTH AVE 3.8 STREET ADDRESS	•
CITY-ST-ZIP	Change Addition
NAME 4.2 NAME	Ti Audube Ti Vocillo:
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
THE DELETE STITUE	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	
STATE CADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	•

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), Fiorida 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 3 if changed, or on an attachment with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11.97

(352) 383-6300