

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # M77732**1. Entity Name
SOUTHERN TREE FARM, INC.**Principal Place of Business**122 E. TILLMAN AVE.
P.O. DRAWER 840
LAKE WALES
338590840

FL

Mailing Address122 E. TILLMAN AVE.
P.O. DRAWER 840
LAKE WALES
338590840

FL

2. Principal Place of Business

202 E. STUART AVE

3. Mailing Address

202 E. STUART AVE

Suite, Apt. #, etc.

P.O. DRAWER 840

Suite, Apt. #, etc.

P.O. DRAWER 840

City & State

LAKE WALES

FL

City & State

LAKE WALES

FL

Zip

33853

Country

US

Zip

338590840

Country

US

4. FEI Number

59-2912429

Applied For☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJOHNSON RONALD C
122 E TILLMAN AVELAKE WALES
33853

FL

US

7. Name and Address of New Registered Agent**Name**

JOHNSON RONALD C

Street Address (P.O. Box Number is Not Acceptable)
202 E STUART AVE.**City**
LAKE WALES

FL

Zip Code
33853

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE RONALD C. JOHNSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCOLLUM, R. CARL	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAHNA, EMIL R., III	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, RONALD C.	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM CARL R	
STREET ADDRESS	202 EAST STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHNA EMIL RIII	
STREET ADDRESS	202 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON RONALD C	
STREET ADDRESS	202 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 3853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD C JOHNSON

PD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)