FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24114** **(1)**

1. Corporation Name
L.J.S. TREES, INC.

Principal Place of Business	Mailing Address
% P.O. BOX 38039 HOUSTON TX 77238	% P.O. BOX 38039 HOUSTON TX 77238

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/02/1989	02/08/1994

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

4. FEI Number: 74-1185594 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLEINIK, GORDON 4190 BELFORT ROAD SUITE 200 JACKSONVILLE FL 32216	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	BENGE, LINDA	1.2 NAME	BENGE, LINDA	
STREET ADDRESS	8925 BRIAR FOREST	1.3 STREET ADDRESS	9171 BRIAR FOREST	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	VP	2.1 TITLE		☒ Change ☐ Addition
NAME	BENGE, GERALD	2.2 NAME		
STREET ADDRESS	31915 WALNUT CRK	2.3 STREET ADDRESS		
CITY-ST-ZIP	MAGNOLIA TX	2.4 CITY-ST-ZIP	← ZIP ONLY 77355	
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	SUMRALL, J. ALLEN	3.2 NAME		
STREET ADDRESS	388 JAMAICA CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WILLIS TX	3.4 CITY-ST-ZIP	← ZIP ONLY 77378	
TITLE	VP	4.1 TITLE		☒ Change ☐ Addition
NAME	MILLS, WILLIAM D	4.2 NAME		
STREET ADDRESS	1165 MAREE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WAXAHACHIE TX	4.4 CITY-ST-ZIP	← ZIP ONLY 75165	
TITLE	CS	5.1 TITLE		☒ Change ☐ Addition
NAME	GRAY, KAREN	5.2 NAME		
STREET ADDRESS	15607 AUTUMNBROOK	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	← ZIP ONLY 77068	
TITLE	EVP	6.1 TITLE	EVP	☒ Change ☐ Addition
NAME	DELANEY, BRIAN K.	6.2 NAME	DELANEY, BRIAN	
STREET ADDRESS	77 LEGEND LANE	6.3 STREET ADDRESS	1500 Windrock	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	Houston TX 77057	

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: Karen Gray Karen Gray, Controller 1-18-95 713-692-6371
SIGNATURE AND TYPED OR PRINTED NAME OF MDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481117 FP