

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P24114 (1)

1. Corporation Name

L.J.S. TREES, INC.

Principal Place of Business

Mailing Address

% P.O. BOX 38038
HOUSTON TX 77238

% P.O. BOX 38038
HOUSTON TX 77238



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

3. Date Incorporated or Qualified

05/02/1989

3a. Date of Last Report

01/27/1995

4. FEI Number

74-1185584

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

(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 AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
BENGE, LINDA
STREET ADDRESS
9171 BRIAR FOREST
CITY-ST-ZIP
HOUSTON TX
TITLE ☐ DELETE
NAME
BENGE, GERALD
STREET ADDRESS
31915 WALNUT CRK
CITY-ST-ZIP
MAGNOLIA TX
TITLE ☒ DELETE
NAME
SUMRALL, J. ALLEN
STREET ADDRESS
388 JAMAICA CIRCLE
CITY-ST-ZIP
WILLIS TX
TITLE ☐ DELETE
NAME
MILLS, WILLIAM D
STREET ADDRESS
1165 MAREE
CITY-ST-ZIP
WAXAHACHIE TX
TITLE ☐ DELETE
NAME
GRAY, KAREN
STREET ADDRESS
15807 AUTUMNBROOK
CITY-ST-ZIP
HOUSTON TX
TITLE ☐ DELETE
NAME
EV
STREET ADDRESS
1500 WINDROCK
CITY-ST-ZIP
HOUSTON TX

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VP
GIVENS, SUSAN B
12844 BURLINGAME
OKLAHOMA CITY, OK 73120

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Gray Controller

1/30/96 713-692-6371

Date Daytime Phone #

CR2E034 (12/95)