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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P38689** **(6)**

1. Corporation Name
CHAUNCEY TREE PLANTING, INC.

Principal Place of Business
P.O. BOX 214
FARGO GA 31631

Mailing Address
P.O. BOX 214
FARGO GA 31631-0214

3. Date Incorporated or Qualified: **05/07/1992**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business
21 7012 Simpson Rd
Suite, Apt. #, etc.
22
City & State
23 Hahira Lowndes
Zip 24 31632 County 25

2a. Mailing Address
26 7012 Simpson Rd
Suite, Apt. #, etc.
27
City & State
28 Hahira Ga
Zip 29 31632 Country 30 Lowndes

4. FEI Number: **58-1502277** ☐ 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
LANDRUM-YEAFER & ASSOCIATES
3375 B. CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
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(s) must be printed/typed and must match(es) those listed above) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPS CHAUNCEY, QUINCEY HIGHWAY 441 N. FARGO GA	☑ DELETE	1.1 TITLE: CPS 1.2 NAME: Chauncey, Quincey 1.3 STREET ADDRESS: 7012 Simpson Rd 1.4 CITY-ST-ZIP: Hahira, Ga 31632	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHAUNCEY, QUINCEY HIGHWAY 441 N. FARGO GA	☑ DELETE	2.1 TITLE: 2.2 NAME: Chauncey, Quincey 2.3 STREET ADDRESS: 7012 Simpson Rd 2.4 CITY-ST-ZIP: Hahira, Ga 31632	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E034 (9/96)

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), 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: Carolyn Chauncey Carolyn Chauncey 1-13-97 9127942826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013625