

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 # **P92000005995 (5)**

1. Corporation Name

ROYAL TREE FARMS, INC.



Principal Place of Business

**201 W MARION AVE
SUITE 209
PUNTA GORDA FL 33950**

Mailing Address

**201 W MARION AVE
SUITE 209
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified
11/16/1992

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **307 East Marion Ave**
Suite, Apt. #, etc.

26 **307 East Marion Ave**
Suite, Apt. #, etc.

22 **Punta Gorda Fla**
City & State

27 **Punta Gorda Fla**
City & State

23 Zip **33950** Country **USA**

28 Zip **33950** Country **USA**

4. FLE Number

65-0374080

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**CARMELLO, SANDRA C
25301 HARBORVIEW RD
PORT CHARLOTTE FL 33981**

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 of Registered Agent (if different from the registered agent) or Secretary of State (if different from the registered agent) or Secretary of State (if different from the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CARRELLO, SANDRA**
CITY-ST-ZIP **25301 HARBORVIEW ROAD**
PORT CHARLOTTE FL 33381

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GEERTS, ELIZABETH A**
CITY-ST-ZIP **201 W MARION AVENUE SUITE 209**
PUNTA GORDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS **307 East Marion Ave**
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4-29-96

(941) 6379736

CR2E034 (12/95)