

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION,
ANNUAL REPORT
1998



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

FILED
Jan 30, 1998 8:00 am
Secretary of State

DOCUMENT # P94000010652 (3)

1. Corporation Name

STRICKLAND TREE FARM INC.



Principal Place of Business

6650 SE 160 STREET
MORRISTON FL 32668
US

Mailing Address

6650 SE 160 STREET
MORRISTON FL 32668
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1994

4. FEI Number

59-3218387

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 MORRISTON, FL

Suite, Apt. #, etc.

22 6650 SE 160 AVE

City & State

23 MORRISTON, FL

Zip

24 32668

Country

25 LEVY

2a. Mailing Address

26 6650 SE 160 AVE

Suite, Apt. #, etc.

27

City & State

28 MORRISTON, FL

Zip

29 32668

Country

30 LEVY

9. Name and Address of Current Registered Agent

STRICKLAND, CLIFTON L
6650 S.W. 160TH ST.
MORRISTON FL 32668

10. Name and Address of New Registered Agent

81 Name

STRICKLAND MARY L

82 Street Address (P.O. Box Number is Not Acceptable)

6650 SE 160 AVE

83

84 City

MORRISTON

FL

85 Zip Code

32668

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

MARY E. STRICKLAND

Mary E. Strickland

1/28/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STRICKLAND, CLIFTON L

STREET ADDRESS 6650 SE 160 STREET

CITY-ST-ZIP MORRISTON FL

TITLE VP ☐ DELETE

NAME MARY E STRICKLAND

STREET ADDRESS 6650 SE 160 AVE

CITY-ST-ZIP MORRISTON FL 32668

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

1.1 TITLE V.P. ☐ Change ☒ Addition

1.2 NAME MARY E STRICKLAND

1.3 STREET ADDRESS 6650 SE 160 AVE

1.4 CITY-ST-ZIP MORRISTON, FL 32668

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

14. 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 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:

Clifton Strickland

REGISTERED AGENT

1-6-98

32-528 3958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0538651

CR2E034 (10/97)