

DOCUMENT # P94000010652

1. Entity 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

2. Principal Place of Business

6650 SE 160th Ave
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

MORRISTON FL

City & State

Zip Country

32668 LEVY

4. FEI Number 59-3218387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Clifton L. Strickland

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|--------------------|--------------------|---------------------------------|
| P | STRICKLAND, CLIFTON L | 6650 SE 160 STREET | MORRISTON FL | |
| VP | STRICKLAND, MARY E | 6650 SE 160 AVE | MORRISTON FL 32668 | |
| | | | | |
| | | | | |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | | |
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFTON L. STRICKLAND

Date

Daytime Phone #

1-3-01

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90056 011 ***150.00



DO NOT WRITE IN THIS SPACE

CFR2E034 (10/00)