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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1, Corporation Name P94000025868 (8)

STRICKLAND CHRISTMAS TREE FARM, INC.

Fillicipairiac	e of Bosiness	Maning Address										
1513 KIDD ROAD DEFUNIAK SPRINGS FL 32433 US		1513 KIDD ROAD DEFUNIAK SPRINGS FL 32433 US				DO NOT WRITE IN THIS SPACE						
••						3	. Date Inco	rporated or Qua	lified			
							03/31/1	1994				
2. Principal P	lace of Business	2a. Mailing Address				4	, FEI Numb				Į.	Applied For
21		26				<del>59-32</del>	40443				Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	6. Certificate	of Status Desir	ed		+	Additional	
22		27									Required	
City & State	e	City & State			6		Campaign Finan	ping	$\Box$		May Be	
Zip Country		Zip Country					d Contribution		<u> </u>		to Fees	
24	25	29	30	21 11 y		6	•	oration owes or Property Tax du			′	ntangible ☐ No
<u> </u>	9. Name and Address of Curren		[30]	Τ		10		d Address of N				
STI	RICKLAND, RONALD	e de la compansión de la c		81	Name							
	05 KIDD RD			82	Ctron	l Address /	(D.O. Davi M	umber is Not Ac		(a)		
	FUNIAK SPRINGS FL J3243-3			02	Suee	i Address (	(P.O. BOX INI	JIMDer IS NOT AC	сертаві	e)		
				83								
				84	City						<b>85</b> Zip	Code
										FL	<b>.</b>	
11. Pursuant office or ragent. La	to the provisions of Sections 607,050; egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607,1508, Florida <mark>Statu</mark> of Florida - Such change was dions of, Section 607,0505, Fl	tes, the a authorize lorida Sta	bov€ d by tutes	the co	d corporati rporation's	ion submits to board of direction	this statement for ectors. I hereby	r the pu	rpose of the app	of changing pointment a	its registered s registered
SIGNATURE												
	Signature, typed or proded name of registered age			d Age	nt signatu	re required whe		10.111.050.50	055:0	DATE		50 11 10
12.	OFFICERS AND	DELETE DELETE	13.	ITIC		<del></del>	ADDITIONS	S/CHANGES TO	OFFICE	EHS ANI	Change	
NAME	STRICKLAND, VERA C			1.1 T(TLE 1.2 NAME							ondingo	radilion
STREET ADDRESS	1513 KIDD ROAD				ADDRESS							
CITY-ST-ZIP	DEFUNIAK SPRINGS FL			ITY-S	•	1						
TIFLE		DELETE			2.1 TITLE						Change	Addition
NAME			2.2 NAME								•	
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP			2.40	CITY-9	I - ZIP	İ						
TITLE		DELETE	DELETE 3.1 TIT								Change	Addition
NAME			3.2 N	AME								
STREET ADDRESS			335	TAEET	address							
CITY-ST-ZIP			34.0	ITY-S	T-7(P							
TITLE		☐ DELETE	DELETE 4.1 TI		i.1 THLE						☐ Change	Addition
NAME			4.21	IAME								
STREET ADDRESS			4.3 S	TREET	address							
CITY-ST-ZIP				ITY-S	T-ZIP							
TITLE		☐ DELETE	5.1 T	TLE							☐ Change	Addition
NAME			5.2 N	AME								
STREET ADDRESS			5.3 S	TREET	address							
CITY-ST-ZIP				ITY-S	I - ZIP	<b></b>						
TITLE		☐ DELETE	6.1 (	TLE							Change	Addition

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

6.3 STREET ADDRESS

**FILED** 

May 06 1998 8:00am

Secretary of State