

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000089565 (2)**
1. Corporation Name

SMITH'S CHRISTMAS TREES, INC.

Principal Place of Business

**940 N. BEAL PARKWAY
FT. WALTON BEACH FL 32578**

Mailing Address

**P.O. BOX 893
VALPARAISO FL 32580-0893**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 593348845		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HELMS, LYNN L. SMITH 19 NEW CASTLE COURT NICEVILLE FL 32578				81	Name Lynne		
				82	Street Address (P.O. Box Number is Not Acceptable) 378 Jasmine Ave		
				83			
				84	City Valparaiso		
				85	Zip Code 32580		
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 type for printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HELMS, LYNN L. SMITH	
STREET ADDRESS	19 NEWCASTLE COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
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	P
1.2 NAME	
1.3 STREET ADDRESS	378 JASmine Ave
1.4 CITY-ST-ZIP	Valparaiso FL 32580
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, 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

CR2E034 (3/96)