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Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
21 1958 Lewis Turner Blvd.  
22 Suite, Apt. #, etc.  
23 City & State  
24 Ft. Walton Beh, FL  
25 Zip  
32548  
26 Mailing Address  
27 378 Jasmine Av.  
28 State, Apt. #, etc.  
29 City & State  
30 Valparaiso, FL  
31 Zip  
32580  
32 Country  
USA

3. Date Incorporated or Qualified  
11/20/1995  
3a. Date of Last Report  
08/08/1996  
4. FEI Number  
59-3348845  
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

9. Name and Address of Current Registered Agent

HELMS, LYNNE L. SMITH  
378 JASMINE AVE.  
VALPARAISO FL 32580

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

(NOTE: If registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	HELMS, LYNNE L. SMITH	
STREET ADDRESS	378 JASMINE AVE.	
CITY-ST-ZIP	VALPARAISO 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		
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 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: Lynne Smith Helms, Lynne Smith Helms, 3-11-97, 940-678-3192

CR2E034 (9/96)