

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *P95000097041*

1. Corporation Name

WHOLESALE TREES, INC.

Principal Place of Business

1445 Ramblebrook St.
Valkaria, FL 32950

Mailing Address

P. O. Box 1058
Melbourne, FL 32902-1058

3. Date Incorporated or Qualified

12/29/95

3a. Date of Last Report

NEW

2. Principal Place of Business

2a. Mailing Address

21 1445 Ramblebrook St.

26 P. O. Box 1058

4. FEI Number

59-3353095

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Valkaria FL

28 Melbourne FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32950

25 Brevard

29 32902-1058 30 Brevard

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

James H. Fallace
1900 South Hickory Street
Melbourne, FL 32901

81 Name

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

83

84 City

FL

85 Zip Code

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 the filer (owner)

(If 301E Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/V/T/S/D ☐ DELETE
NAME Kirk W. Kessel
STREET ADDRESS 100 Rialto Place, Suite 761
CITY-ST-ZIP Melbourne, FL 32901

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Kirk W. Kessel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk W. Kessel

03/15/96 (407) 729-

Day

Daytime Phone

561-18-56000

CR2E034 (12/95)