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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051083 (9)

J & B TREE FARM AND NURSERY, INC.

FILED Apr 15 1998 8:00am Secretary of State

Principal Place	e of Business Mailing Address			ANCHE NOTAT LEWEL MOUNT INTO 1131 1881
JUPITER FL		VARD	DO NOT WRITE IN	THIS SPACE
1		•	3. Date Incorporated or Qualified	
	V		06/14/1996	
_ , , ,	ace of Business 2a. Mailing Address		4. FEI Number	Applied For
21 / 6		LAE DAIRY RD	65-0707871	Not Applicable
Suite, Apt.				\$8.75 Additional Fee Required
23 5 N N	TON BEACH, FL 28 BOYNTON	BEACH, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipau	2 Country Zip 2421	Country	8. This corporation owes or has paid	
24 5 5 7	9. Name and Address of Current Registered Agent	30	Personal Property Tax due June 30	
1/2		81 Name	10. Name and Address of New Regis	негва Адепи
	AMER, SCOTT ESQ			
	O WEST INDIANTOWN ROAD	82 Street Addr	ess (P.O. Box Number is Not Acceptable))
	TE 200	83		
301	PITER FL 33458			
		84 City		FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.0502 and 607.1508, Florida Sta	atules, the above-named corp	coration submits this statement for the pur	
office or re	egistered agent, or both, in the State of Florida, Such change wa m familiar with, and accept the obligations of, Section 607.0505,	as authorized by the corporati	ion's board of directors. I hereby accept t	he appointment as registered
J	m lamillar with, and accept the obligations of, Section 607.0305,	Florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable. (f	NOTE: Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL	1.2 NAME		
STREET ADDRESS	12539 ACME DAIRY RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY - ST - ZIP		
TITLE	§ ☐ DELETE	2.1 TITLE		Change Addition
NAME	BERNARDEAU, OLIVIER	2.2 NAME		
STREET ADDRESS	12539 ACME DAIRY RD	2 3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	2 4 CITY-ST-ZIP		
TITLE	DELFFE	3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3 4. CITY - ST - ZIP		Change Addition
NAME	בין טנננונ	4.1 TITLE 4.2 NAME		F otwords F vagition
STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		_ , ,
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information supplied with this filing does not qualify on this annual report or supplemental annual report is true and director of the corporation or the receiver or trustee empowered	by the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information
officer or o Block 12 o	of this annual report is supplemental annual report is true air supplemental annual report is true air supplemental annual report is true air supplemental report is supplemental report is supplemental report is supplementa	to execute this report as requ	ired by Chapter 607, Florida Statutes; and	that my name appears in