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Jun 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000053327 (8)

1. Corporation Name
MEDLOCKS CUT FOLIAGE, INC.



Principal Place of Business
STATE ROAD 1, BOX 134
CRESCENT CITY FL 32112

Mailing Address
STATE ROAD 1, BOX 134
CRESCENT CITY FL 32112-0134

3. Date Incorporated or Qualified
06/20/1996

3a. Date of Last Report

4. FEI Number

Applied For
☒ Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 ~~CRESCENT CITY FL 32112~~
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 155 Jonas Rd
City & State

27 City & State

23 Crescent City
Zip

28 Zip Country

24 32112

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEDLOCK, FRED E III
STATE ROAD 1, BOX 134
CRESCENT CITY FL 32112

81 Name FRED E. MEDLOCK III
82 Street Address (or P.O. Box Number, if applicable)
449 N. PARK
83 Crescent City, FL
84 City FL 85 Zip Code 32112

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 the duties and liabilities of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Fred E. Medlock III
STREET ADDRESS 449 No. Park St.
CITY-ST-ZIP Crescent City, FL 32112

1.1 TITLE ☐ Change ☐ Addition

TITLE See / Tres.
NAME Fred E. Medlock III
STREET ADDRESS 449 No. Park St.
CITY-ST-ZIP Crescent City, FL 32112

1.2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

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STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE
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2.1 TITLE ☐ Change ☐ Addition

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3.1 TITLE ☐ Change ☐ Addition

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4.1 TITLE ☐ Change ☐ Addition

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5.1 TITLE ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

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6.4 CITY-ST-ZIP

TITLE
NAME
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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

Fred E. Medlock III

4/30/97

CR2E034 (9/96)