

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90077 029 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000079235**

1. Corporation Name  
**ADAMS & ADAMS TREE FARM, INC.**



Principal Place of Business 9411 CR 747 WEBSTER FL 33597 US	Mailing Address 9411 CR 747 WEBSTER FL 33597 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/23/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number <b>59-3412149</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ADAMS, REBECCA A**  
**191 E JEFFERSON STREET**  
**CENTER HILL FL 33514**

10. Name and Address of New Registered Agent

81 Name <b>Adams, Rebecca A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9411 CR 747</b>
83
84 City <b>Webster</b>
85 State <b>FL</b>
86 Zip Code <b>33597</b>

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 **Rebecca A. Adams ST** **Rebecca A. Adams** **4-1-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE <b>PV</b>	NAME <b>ADAMS, JODY A</b>	<input type="checkbox"/>
STREET ADDRESS <b>1919 E. JEFFERSON ST</b>	CITY-ST-ZIP <b>CENTER HILL FL</b>	
TITLE <b>ST</b>	NAME <b>ADAMS, REBECCA A</b>	<input type="checkbox"/>
STREET ADDRESS <b>191 E. JEFFERSON ST</b>	CITY-ST-ZIP <b>CENTER HILL FL</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE <b>PV</b>	1.2 NAME <b>Adams, Jody A</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>9411 CR 747</b>	1.4 CITY-ST-ZIP <b>Webster, FL 33597</b>		
2.1 TITLE <b>ST</b>	2.2 NAME <b>Adams, Rebecca A.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <b>9411 CR 747</b>	2.4 CITY-ST-ZIP <b>Webster, FL 33597</b>		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: **Rebecca Adams** **Rebecca A. Adams** **4-1-99** **352-568-0730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)