

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000080708

1. Corporation Name  
TONI'S TREES, INC.

Principal Place of Business  
18310 S.W. 50TH COURT  
FORT LAUDERDALE FL 33331

Mailing Address  
18310 S.W. 50TH COURT  
FORT LAUDERDALE FL 33331

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

04-06-1999 90088 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/17/1998

4. FEI Number  
65-0868558

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 18200 SW 50 Ct  
Suite, Apt. #, etc.

2a. Mailing Address  
26 22459 Mizell Rd  
Suite, Apt. #, etc.

City & State  
23 Ft. Lauderdale FL  
Zip Country  
24 33331 25 USA

City & State  
28 Brooksville FL  
Zip Country  
29 34602 30 USA

9. Name and Address of Current Registered Agent

KOPROWSKI, PAUL A  
10031 PINES BOULEVARD  
SUITE 224  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name  
Toni Baldwin  
82 Street Address (P.O. Box Number is Not Acceptable)  
22459 Mizell Rd  
83  
84 City  
Brooksville FL 85 Zip Code  
34602

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 Toni M. Baldwin, President  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-8-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D BALDWIN, TONI M  
STREET ADDRESS 18310 S.W. 50TH COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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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

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 22459 Mizell Rd  
1.4 CITY-ST-ZIP Brooksville FL 34602

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 352-797-4795