FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S03511 (0)

1. Corporation Name

PALM CITY TREE FARMS INC.

Principal Place of Business	Mailing Address
% MICHAEL TENNHARD 5750 SW MARTIN HIGHWAY PALM CITY FL 34990 US	P.O. BOX 1035 PALM CITY FL 34990-1035 US

2. Principal Place of Business — 21 — Suite, Apt. #, etc 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **09/28/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0225053** ☐ 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

9. Name and Address of Current Registered Agent

TENNHARD, MICHAEL
5750 SW MARTIN HWY
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: Matthew L. Jones, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Matthew L. Jones, Esq.
83 215 S. Federal Hwy, Ste. 200
84 City: Stuart, FL 85 Zip Code 34994

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: *Matthew L. Jones* — DATE: 6/21/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	TENNHARD, MICHAEL	4530 SW BOATRAMP RD.	PALM CITY FL	☒
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	Title / Name	Street Address	City-St-Zip	Change	Addition
1	Cary C. Dixon, Director	5750 SW Martin Hwy, PO Box 1035	Palm City, FL 34990 (NA)	☐	☒
2	Charles J. Peters, Pres.	5750 SW Martin Hwy, PO Box 1035	Palm City, FL 34990 (NA)	☐	☐
3	Brian W. Haas, Vice Pres.	5750 SW Martin Hwy, PO Box 1035	Palm City, FL 34990 (NA)	☐	☐
4	Geoffrey Leonard, Secretary	5750 SW Martin Hwy, PO Box 1035	~~Palm City, FL 34990~~ (NA)	☐	☐
5				☐	☐
6				☐	☐

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)(x), 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: *[signature]* Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7-3-96 — Daytime Phone #: 6922540

CR2E034 (12/95)