FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

(6)

HEN	WAY	TREE	FARMS.	INC
	1171		I AINVAI.	HAIL 1.

Principal Place of Business Mailing Address						- I INDIINIU EEL DIDAH TOONI EODIF d e	70 1 1 0 11 010# 2 1		ion distrated (89)		
RT. 1 BOX 30 MCALPIN FL 32062		RT. 1 BOX 30 MCALPIN FL 32062									
						3. Date Incorporated or Qualified 04/22/1991	3a. Date of Last Report 02/16/1995				
· · · · · · · · · · · · · · · · · · ·	ace of Business	2a. Mailing Address				4. FEI Number			Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Seite And High			59-3071957 Not Applica					
22		27	7			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		28	City & State			6. Election Campaign Financing \$5.00 May Be					
Zip	Country		Zip Country			Trust Fund Contribution L.J Added to Fees 8. This corporation has liability for intangible tax under s 199.032,					
24	25	29	30	,		Florida Statutes Yes No					
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Ro	egistered A	gent			
			8	1 N	ame						
	/an, robert henderson		8	2 S	treet Addres	dress (P.O. Box Number is Not Acceptable)					
RT. 1 BOX 3		8	3								
	PIN FL 32062		8	4 Ci	ity	= 85 2			p Code		
11. Pursuant to	the provisions of Sections 607.0502	2 and 307, 1508. Florida Statute	s the above	-name	ed consorat	on submite this statement for the number	FL	Non Ho	roplata and a 46 and		
11. Pursuant to the provisions of Sections 607.0502 and 307.1508, 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 _	Signature typed or printed name of registered agent	11114 VI. 1111 1114						· - · - · - · - · - · - · - · - ·			
12.	OFFICERS AN		13.	jent sign	nature required w	ADDITIONS/CHANGES TO OFFI	DATE OF BS AND (IBECTO	SPS IN 12		
TITLE	D	DELETE	1. 1 TITL	E			·	Change	Addition		
NAME	SULLIVAN, ROBERT H.		12 NAM	E			——				
STREET ADDRESS	RT. 1, BOX 30		1.3 STRE	ET ADDE	RESS						
CITY - ST - ZIP	MCALPIN FL		14 CITY	- ST - Z iF	,						
TITLE	D	☐ DELFTE	2 1 1111	E				Change	☐ Addition		
NAME	FRITZ, JERRY WAYNE		2.2 NAM	E							
STREET ADDRESS	RT. 1, BOX 30		2.3 STRE	ET ADDf	RESS	***					
CITY-ST-ZIP	MCALPIN FL	P. D. C. Par	2 4 CITY		>		· · · · · · · · · · · · · · · · · · ·				
TITLE		DELETE	3. 1 TITL					Change	Addition		
NAME DIRECT ADORESE			3.2 NAMI								
STREET ADDRESS CITY-ST-ZIP			3.3 STRE						1		
TITLE		DELETE	3.4 CITY 4 1 TITLE		·		(7)	Change	Addition		
NAME		Barry Services	4.2 NAMI					Change	☐ Addition		
STREET ADDRESS			4.2 N40/I		RESS						
CITY-ST-ZIP			4.4 CITY								
TITLE		☐ DELETE	5 1 TITLE				———	Change	Addition		
NAME			5.2 NAME	Ξ				·			
STREET ADDRESS			5 3 STREE	et addr	RESS						
CITY-ST-ZIP			5.4 CHY-	ST-ZIP	<u>. </u>						
TITLE		☐ DELETE	6. 1 TITLE					Change	Addition		
NAME			6.2 NAME		ļ						
STREET ADDRESS	• .		6 3 STRE	E1 ADDF	RESS						
CITY-ST-ZIP			6.4 City	\$1 - ZIP	<u> </u>						
eortify that	r certify that the information supplied v	with this filing is voluntarily furnis	hed and do	es not	t qualify for:	the exemption stated in Section 119.0	7(3)(k), Floric	a Statut	es. I further		

GNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The refer by derify that the information inclinated on this armual report is voluntaryly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this armual report is true and accurate and that my signature shall have the same logal 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.

GNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Deptine Prove 4

SIGNATURE:

Daytime Phone #