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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthaui

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name S54819 (5)

COOK'S DISCOUNT TREE FARM, INC.						
Principal Place of	of Business	Mating Address		1 10011010 101 Bills Bills 10101 110101 110101	)	WINI WHEN INSI
	ROAD SPRINGS FL 32714	1310 MCNEIL ROAD ALTAMONTE SPRING				
U\$		US		3. Date incorporated or Qualified 3a. Date of East Report 05/10/1991 06/23/1995		-
2. Principal Plac	ce of Business	2a, Maiting Address		4, FELNumber 50-2070444		Applied For Not Applicable
21		Suite Ant. #, etc		59-3070114		Additional
Suite, Apt. #,	, etc.	27		5. Certificate of Status Desired [		Required
City & State		City & State		6. Election Campaign Financing	\$5.00	<b>)</b> Мау Ве
23		28		Trust runa Contribution		to Fees
Zφ	Country	Ζιρ	Country	B. This corporation has liability for inta- Florida Statutes ☐ Yes ☐		199.032,
4	g Name and Address of Cu	29	30]	Florida Statutes Yes [ 10, Name and Address of New Reg		
	y, Maine and Address of Co.	rom negistered Agent	81 Name	19. Training and Addition of Holl Holl		
רטטג ו	EDEN C			dress (P.O. Box Number is Not Acceptable)		
COOK, I 1731 SH	rked C. IILOH LN		82 Street Add	press (m.c.), box indifficer is inot acceptable)		
	PARK FL 32789		83			
441141 641			<b>84</b> City		<b>85</b> Z §	o Code
			1 1 1	cration submits this statement for the purpo	FL   "   "	
SIGNATURE	Signature, typical or protect carrier of registered. OFFICERS	AND DIRECTORS	NME Reproduct Agent agrands of the comme	al observed deng ADDITIONS/CHANGES TO OFFICE		
TITLE	DP	☐ DELETE	1 1 Till (F		☐ Change	Addition
NAME	COOK, FRED C.		L 2 NAMÉ			
STREET ADDRESS	1731 SHILOH LN		1.3 STREET ADORESS			
CiTY-ST-ZiP	WINTER PARK FL	☐ OELETE	1 4 C(IY ST Z)F		Cnange	Addition
TITLE NAME		Detter	2 2 NAM:			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST ZIP			2.4.CiTY - S1 Z-P			
TITLE		☐ DELFTE	3 ± 10 LF		Change	Add tion
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ACORESS			
CITY - ST - ZIP		TOELETE	3.4 GBY - ST - ZIP 4.1 7 BLE		☐ Change	Add tion
THE			4 1 THLE 4 2 NAME		☐ Change	
NAME STREET ANDRESS			4.3 STHEET ADDRESS			
STREET ADDRESS CITY-ST-7IP			4.4 City - \$1 - Zit			
TITLE		DELETE	5 1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5/3 STHEET ADDRESS			
CITY - ST - ZIF			5.4 City - St - ZiP			
TITLE		DELETE	6 1 TITLE		☐ Change	Add tion
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADORESS			
CHY-S!-ZiP	and for that the information of	dead well this filmes a cost not set of	unished and closs not cushf	y for the exemption stated in Section 119.0	7(3)(k) Florida Statu	tes. I further
certify that	the information indicated on this	annual report or supplemental a	innual report is true and abou stee embowered to execute	irate and that my signature shall have the si this report as required by Chapter 607, Flor	arne legal enect as i	n made under

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR