FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 21 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **V47381** **(1)**

1. Corporation Name
FLORIDA INTERNATIONAL TREE FARMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
201 WEST MARION AVENUE SUITE 209 PUNTA GORDA FL 33950	201 WEST MARION AVENUE SUITE 209 PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: **06/26/1992**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-3132450** ☐ 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

GEERTS, JOSE P.
201 WEST MARION AVENUE
SUITE 209
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GEERTS, JOSE P	12 NAME	
STREET ADDRESS	201 W. MARION AVE., #20G	13 STREET ADDRESS	201 W. Marion Ave., Suite 209
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	FRANS, MORET H	22 NAME	
STREET ADDRESS	201 W. MARION AVE., 20G	23 STREET ADDRESS	201 W. Marion Ave., Suite 209
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	NICOLAAS, HEMMES	32 NAME	
STREET ADDRESS	201 W. MARION AVE., #20G	33 STREET ADDRESS	201 W. Marion Ave., Suite 209
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	GEERTS, JOSE P.	42 NAME	
STREET ADDRESS	201 W. MARION AVE., #20G	43 STREET ADDRESS	201 W. Marion Ave., Suite 209
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

JEA
2-21

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)(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.

SIGNATURE: _____ Jose P Geerts 4/6/95 (813)639 7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP