

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30554

Entity Name: MARSHALL TREE FARM, INC.**Current Principal Place of Business:**17350 SE 65TH STREET
MORRISTON, FL 32668**Current Mailing Address:**17350 SE 65TH STREET
MORRISTON, FL 32668**FEI Number:** 59-2272178**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWMAN, WILLIAM RJR.
1000 LEGION PLACE - SUITE 1700
ORLANDO, FL 32801 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	MARSHALL, JAMES DSR
Address	3832 SW 84TH STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	V/D
Name	MARSHALL, LOUISE K
Address	3832 SW 84TH STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	V/D
Name	MARSHALL, MICHAEL D
Address	9404 SW FIRST PLACE
City-State-Zip:	GAINESVILLE FL 32607

Title	V/D
Name	MARSHALL, JAMES DJR
Address	1129 SE 14TH TERRACE
City-State-Zip:	OCALA FL 34471

Title	ST/D
Name	MARSHALL, LESLIE T
Address	9404 SW FIRST PLACE
City-State-Zip:	GAINESVILLE FL 32607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE T. MARSHALL**SECRETARY****04/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date