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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **541991** **(6)**

1. Corporation Name
SHADE TREE CREATIONS INC.

Principal Place of Business
6210 N.W. 124TH PLACE
GAINESVILLE FL 32653-1071
US

Mailing Address
6210 N.W. 124TH PLACE
GAINESVILLE FL 32653-1071
US

3. Date Incorporated or Qualified: **08/01/1977**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 4248 BURNINGTOWN ROAD
Suite, Apt. #, etc.
22
City & State
23 FRANKLIN, NC
Zip 24 28734 Country 25 MACON

2a. Mailing Address
26 4248 BURNINGTOWN ROAD
Suite, Apt. #, etc.
27
City & State
28 FRANKLIN, NC
Zip 29 28734 Country 30 MACON

4. FEI Number: **59-1752935** ☐ 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
VERNON, WILLIAM L.
6210 N.W. 124TH PLACE
GAINESVILLE FL 32606-1071

10. Name and Address of New Registered Agent
81 Name: WILLIAM L. VERNON
82 Street Address (P.O. Box Number is Not Acceptable): 602 SW 170TH STREET
83
84 City: NEWBERRY FL 85 Zip Code: 32669

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VERNON, WILLIAM L.		1.2 NAME		
STREET ADDRESS	602 S.W. 170TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ WILLIAM VERNON, PRES. 4/12/97 904-472-4216 OR 904-534-7103