

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **668695** (0)  
1. Corporation Name  
**TREES EAST, INC.**



Principal Place of Business: **14200 ALICO RD FT. MYERS FL 33913 US**  
Mailing Address: **14200 ALICO RD FT. MYERS FL 33913 US**

3. Date Incorporated or Qualified <b>05/01/1980</b>	3a. Date of Last Report <b>10/02/1995</b>
4. FET Number <b>59-2184155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**LOFTUS, JAMES H.  
4956 MEDERIA LANE  
ESTERO FL 33928**

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 607.0102 and 607.1505, 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 obligation of, Sections 607.0105, Florida Statutes.

SIGNATURE: **JAMES H. LOFTUS**  
Secretary of State

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	<b>PVD GORMLY, KEVIN</b>	<b>4956 MEDERIA LANE</b>	<b>ESTERO FL 33928</b>	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	<b>S GORMLY, KATIE</b>	<b>4956 MEDERIA LANE</b>	<b>ESTERO FL 33928</b>	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, STATE, ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, STATE, ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, STATE, ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, STATE, ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, STATE, ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, STATE, ZIP

14. I do hereby certify that the information supplied on this filing is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation. I agree to be responsible for the accuracy of the information provided on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, or in a call lettered block, as applicable.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 (941) 267-0101

CR2E034 (12/95)