

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90026 024 ***150.00

DOCUMENT # H92395

1. Corporation Name
TREE TOWN, INC.

Principal Place of Business

505 SO FLAGLER DR
SUITE 1010
W PALM BCH FL 33401
US

Mailing Address

PO BOX 85
W PALM BCH FL 33402
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1985

4. FEI Number

59-2636217

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

JOHNSON, RICHARD S.
505 SO FLAGLER DR
SUITE 1010
W PALM BCH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME JOHNSON, RICHARD S
STREET ADDRESS 751 ISLAND DRIVE
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE

NAME JOHNSON, RICHARD S., JR.
STREET ADDRESS 2614 GEORGIA LANE
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE

NAME JOHNSON, SCOTT A
STREET ADDRESS 362 MOCKINGBIRD TRAIL
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE

NAME SNED, PATRICIA
STREET ADDRESS 165 ELWA PLACE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME FLAGG, CATHERINE J.
STREET ADDRESS 219 MURRAY ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME AUSTIN, HELENE J.
STREET ADDRESS 100 PLYMOUTH ROAD
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

241 Mockingbird Trail

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED Richard S. Johnson 4/8/99 561 655-7200

Date

Daytime Phone #

CR2E034 (11/98)

0366775