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 MAY -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008795 (5)**

1. Corporate Name:

PLEASANTREE WEST, INC.

Principal Place of Business:

425 SW PINE ISLAND RD
CAPE CORAL FL 33991

Mailing Address:

425 SW PINE ISLAND RD
CAPE CORAL FL 33991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/28/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
Zip
29
County
30

4. FEI Number: **65-0388251** ☐ 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. **X** Yes ☐ No

9. Name and Address of Current Registered Agent

WATKINS, JOHN JAY
150 S MAIN ST
LABELLE FL 33935

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 section 607.1007 and 607.1008, Florida Statutes, the above named corporation submits the 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	D	Title	☐ Change ☐ Addition
Name	PERKINS, DEBORAH D	Name	
Street Address	425 SW PINE ISLAND RD	Street Address	
City-St-Zip	CAPE CORAL FL 33991	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	PERKINS, DANNY W	Name	
Street Address	425 SW PINE ISLAND RD	Street Address	
City-St-Zip	CAPE CORAL FL 33991	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I hereby certify that the information supplied with this report is true and accurate and that my signature shall serve 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 with an asterisk.

SIGNATURE: Deborah D. Perkins 4/26/95 813-574-5138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483819 FP