

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**  
 07-14-1999 90004 031 \*\*\*150.00



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # V60972**  
 1. Corporation Name  
**SHADE TREE PROPERTIES, INC.**



Principal Place of Business  
 750 W. LUMSDEN ROAD  
 BRANDON FL 33511  
 US

Mailing Address  
 750 W. LUMSDEN ROAD  
 BRANDON FL 33511  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		09/01/1992		59-3140696		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22		27		<input type="checkbox"/>					
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
23		28		<input type="checkbox"/>					
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property.		Yes <input type="checkbox"/> No <input type="checkbox"/>			
24		29							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CURRY, CLIFTON C., JR. 750 W. LUMSDEN ROAD BRANDON FL 33511				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME LYNCH, JOHN				1.2 NAME			
STREET ADDRESS 10236 FISHER AVE				1.3 STREET ADDRESS			
CITY-ST-ZIP TAMPA FL				1.4 CITY-ST-ZIP			
TITLE VD <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CURRY, CLIFTON C JR				2.2 NAME			
STREET ADDRESS 750 W LUMSDEN RD				2.3 STREET ADDRESS			
CITY-ST-ZIP BRANDON FL 33511				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: \_\_\_\_\_ DATE: 7/14/99

CORPORATION 15/00

LAW OFFICES  
**CURRY & ASSOCIATES, P.A.**

LA VIVA PROFESSIONAL CENTER  
750 WEST LUMSDEN  
BRANDON, FLORIDA 33511  
(813) 653-2500  
FACSIMILE (813)689-0242

CLIFTON C. CURRY, JR.  
C. COLE JEFFRIES, JR.  
DANIEL W. KING  
FRANK J. NIVERT

S87703-90004-31  
V60972

Reply to:  
P. O. Box 1143  
Brandon, FL 33509-1143

July 8, 1999

**Secretary of State**  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32399

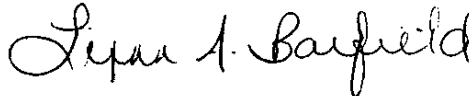
Re: 1999 Profit Corporation Annual Report  
for Shade Tree Properties, Inc.  
FEI Number: 59-3140696

Dear Sir/Madam:

Enclosed please find the fully executed 1999 Annual Report for the above-referenced corporation, along with our firm check in the amount of \$150.00 for the filing fee.

Per my telephone conversation with your office, I am hereby notifying you that we did not receive a "FIRST NOTICE" for the 1999 Annual Report. Therefore, at your direction, we are only submitting the original filing fee with this report.

Sincerely,



Lynn A. Barfield  
Corporate Paralegal for  
C. Clifton Curry, Jr.

/lab

Enclosure: 1999 Profit Corporation Annual Report (fully executed)  
Check #039478 in the amount of \$150.00 (filing fee)