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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Feb 13 1998 8:00am
Secretary of State

DOCUMENT # 578183 (6)

1. Corporation Name
BAY-TREE ORGANIZATION, INC.

Principal Place of Business
3933 EDEN ROC CIR EAST
TAMPA FL 33634

Mailing Address
3933 EDEN ROC CIR EAST
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 9813 BRIDGETON DR.
Suite, Apt. #, etc.
27
City & State
28 TAMPA, FLORIDA
Zip 29 33626 | Country 30 U.S.A.

3. Date Incorporated or Qualified
07/10/1978

4. FEI Number
59-1839121
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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SHINER, SHIRLEY
3933 EDEN ROC CIR, E
TAMPA FL 33634

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 or 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 ______
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SHINER, SHIRLEY	
STREET ADDRESS	3933 EDEN ROC CIR E	
CITY ST ZIP	TAMPA, FL 00000	
TITLE	DR	☐ DELETE
NAME	SHINER, MERVIN	
STREET ADDRESS	3933 EDEN ROC CIR E	
CITY ST ZIP	TAMPA, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

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		

CR2E034 (10/97)

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 report or supplemental 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: Shirley Shiner - SHIRLEY SHINER 2/9/98 813-926-1911