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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 654728

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SIGNATURE: LOURS THE CLETTON - OOK DTWY M. Chifton

RAINTREE, INC.

Principal Place of Business Mailing Address 218 PALMER PARK LANE 218 PALMER PARK LANE **DAVENPORT FL 33837-9681** DAVENPORT FL 33837 3a. Date of Last Report 3. Date Incorporated or Qualified 02/04/1980 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1729788 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country Zip This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLIFTON, PALMER R. 218 PALMER PARK LANE 82 Street Address (P.O. Box Number is Not Acceptable) DAVENPORT FL 33837 83 84 City 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. Segretive: Types or printed name of registered agent and little dispolicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 11 TITLE Mef CLIFTON, DOROTHY M. NAME 1.2 NAME CR2E034 218 PALMER PARK LANE 1.3 STREET ADDRESS STREET ADDRESS DAVENPORT FL CITY-ST-ZP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE THE CLIFTON, KEVIN M. 2.2 NAME NAME 1003 GREAT OAKS STREET ADDRESS 2.3 STREET ADDRESS 32117 HOLLY HILL FL CHY-ST-ZIF 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE DANSKY, LAVONNE R. 3.2 NAME NAME 1639 PAUL SHOPING AVE. STREET ADDRESS 3.3 STREET ADDRESS 28455 MORGANTON NC 3.4 CITY-ST-ZIP 0-11 - ST - 7/P DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 44 City-St-ZiP DELETE Change Addition THICE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY- ST-ZiP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TiTLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP CITY-ST-ZIP 14. I do 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 it 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.