Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90079 034 \*\*\*150.00

## 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** 

## DOCUMENT # **G54970**

1. Corporation Name

TREE MERCHANT INC.

	_							
Principal Place	e of Business	Mailing Address	Mailing Address					
% JAMES H. C	OFFEY	% JAMES H. COFFEY						
2384 ROUSE R		2384 ROUSE ROAD				DO NOT WOITE IN THE	e edace	
ORLANDO FL	32817-0412	ORLANDO FL 32817-0412			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						08/19/1983	•	
2 Bringing D	lace of Business	2a. Mailing Address				4. FEI Number	$-\tau$	Applied For
2. Principal Pi		26 SAWB			59-2326682		Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.				_		5 Additional	
22 :	m, o.o.	27	¬ '''			5. Certificate of Status Desired	,	Required
City & State		City & State			6. Election Campaign Financing	\$5.0	May Be	
ORL	FL.	28				Trust Fund Contribution		ed to Fees
Zip	Country					8. This corporation owes the current year Ir	ntangible	
3281	7 25 ORANGE	29 30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	i Agent	
000			81	Name	)			
	FFEY, JAMES H.		82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
	4 ROUSE ROAD		<u> </u>					
UKL	ANDO FL 32817-0412		83					]
	•		84	City			85 Zi	ip Code
						ration submits this statement for the purpose of		
agent. I a	m familiar with, and accept the obligation				required	when reinstating) DATE		
12.			13			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE 1	I.1 TITLE				Chang	ge 🗌 Addition
NAME	COFFEY, JAMES	1.2 N		1.2 NAME				}
STREET ADDRESS			1.3 STREET ADDRESS		3			
City-St-Zip				1.4 CITY-ST-ZIP			T*** 61	The delice
TITLE	D	☐ DELETE	2.1 TITLE			~	Chang	ge 🔲 Addition
NAME		00.12., 0,4.0.0.		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		3			1
CITY-ST-ZIP	ORLANDO FL			ST-ZIP	∔—	<u> </u>	☐ Chang	e Addition
TITLE	D NODDOW ANGELA I	_	3.1 TITLE					ie C'addition
NAME	MORROW, ANGELA J.	l.	3.2 NAME					ļ
STREET ADDRESS	2384 ROUSE ROAD			T ADDRES	5			1
CITY-ST-ZIP	ORLANDO FL			3.4. CITY-ST-ZIP 4.1 TITLE			☐ Chang	ge Addition
TITLE								,
NAME	` <i>,</i>		1. 2 NAME		,			
STREET ADDRESS				T ADDRES	<u>'</u>			
CITY-ST-ZIP		PE ETE		4.4 CITY-ST-ZIP 5.1 TITLE			☐ Chang	ge Addition
TITLE	<i>;</i> •		5.2 NAME					
NAME				T ADDRES	5			Į
STREET ADDRESS			5.4 C/TY-S					]
CITY-ST-ZIP TITLE			3.1 TITLE	_	+-		Chang	ge Addition
								. –

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

282-0439