

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H49615

(8)

1. Corporation Name

MAPLE SHADE TREE, INC.

Principal Place of Business

C/O KINGS CREEK APTS.
MANAGEMENT OFFICE 1101 NW 39TH AVE.
GAINESVILLE FL 32609

Mailing Address

C/O KINGS CREEK APTS.
MANAGEMENT OFFICE 1101 NW 39TH AVE.
GAINESVILLE FL 32609



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1985

3a. Date of Last Report

04/17/1996

4. FEI Number

59-2650753

☒ 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

2. Principal Place of Business

21 C/o The Palms at Valley Brook

2a. Mailing Address

28 Milton H. Baxley

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1101 Office NW 39th Ave

27 500 E University Ave.

City & State

City & State

23 Gainesville, FL 32609

28 Gainesville, FL

Zip

Country

Zip

Country

24 U.S.A.

29 32601 30 U.S.A.

9. Name and Address of Current Registered Agent

MARTY, MARCEL E.
MANAGEMENT OFFICE 1101 NW 39TH AVE.
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

Milton H Baxley

82 Street Address (P.O. Box Number is Not Acceptable)

500 E University Avenue

83

Suite E

84 City

Gainesville

FLA

85 Zip Code

32601

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

Milton H. Baxley II

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-4-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTY, MARCEL E.
STREET ADDRESS 42 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

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 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:

SIGNATURE REQUIRED

9-04-97

CR2E034 (4/97)