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

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90119 044 \*\*\*150.00

## 

DOCUMENT # K71698  1. Corporat on Name	
TREE BARBER, INC.	

Principal Place of Business	Mailing Address			[ ]		
46 N. WASHINGTON BLVD. SUITE 25BSTREET SARASOTA FL 34236	46 N. WASHINGTON BLVI SUITE 25BSTREET SARASOTA FL 34236	D		DO NOT WRITE IN THIS SPACE		
ON THE VIEW	<b>C</b> 11110011172			3. Date Incorporated or Qualifed 03/09/1989		
Principal Place of Business 21	2a. Mailing Address		_	4. FEI Number Applied For NOT APPLICABLE Not Applicable		
Suite, Art. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required		
City & State	City & State			6. Electior Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 24 25	Zíp 29	Country	i	8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered Agent		
		81	Name			
HILLEBRAND, H. STEPHEN 46 N. WASHINGTON BLVD.		82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 25B		83	1			
SARASOTA FL 34236		84	City	FI_ 85 Zip Ccde		
<ol> <li>Pursuant to the provisions of Se :tions 6 office or registered agent, or bot 1, in the agent. I am familiar with, and accept the</li> </ol>	State of Florida, Such change was	authorized by	the corpo	f corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered		

SIGNATURE	Signature, typed or printed nan e of registered agent and title if a	pplicable. (NOTE	Registered Agent signature requi e		
12.	OFFICERS AND DIRECT	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME	CARTWRIGHT, ZANE B.		1.2 NAME		
STREET ADDRESS	12008 SLOUGH RIM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change	Additio
NAME	CARTWRIGHT, MARY F.		22 NAME		
STREET ADDRESS	12008 SLOUGH RIM RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	] Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change	] Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST 7ID			64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further contriby that the information indicated on this 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.

(941) 371-5829