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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L44249 (5)

1. Corporation Name
FLORIDA TREATT, INC.

Principal Place of Business	Mailing Address
3100 US HWY 17-92W HAINES CITY FL 33845 US	P.O. BOX 215 HAINES CITY FL 33845

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1990

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3002533 ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 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 _____ DATE
(Registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	BOVILL, HUGO W.		1.2 NAME	Shelton, Stephen	
STREET ADDRESS	NORTHERN WAY BURY ST (N/A)		1.3 STREET ADDRESS	3100 Hwy. 17-92 West	
CITY-ST-ZIP	SUFFOLK, ENG IP326NL		1.4 CITY-ST-ZIP	Haines City, FL 33845	
TITLE	VTD	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	ASHTON, STEPHEN D.		2.2 NAME	Kegel, Wayne A.	
STREET ADDRESS	NORTHERN WAY BURY ST (N/A)		2.3 STREET ADDRESS	3100 Hwy. 17-92 West	
CITY-ST-ZIP	SUFFOLK, ENG IP326NL		2.4 CITY-ST-ZIP	Haines City, FL 33845	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ASHTON, STEPHEN D.		3.2 NAME		
STREET ADDRESS	NORTHERN WAY BURY ST (N/A)		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUFFOLK, ENG IP326NL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANTONIK, THOMAS E		4.2 NAME		
STREET ADDRESS	3100 Hwy. 17-92 West		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL 33845		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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.

SIGNATURE _____ January 20, 1998 (941) 421-4708