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

FILED
Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90009 039 ****150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L44249**

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 Qualifed: 01/23/1990

4. FEI Number: 59-3002533 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of 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	☐ Change ☐ Addition
NAME	BOVILL, HUGO W.		1.2 NAME	
STREET ADDRESS	NORTHERN WAY BURY ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUFFOLK, ENG IP326NL		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ASHTON, STEPHEN D.		2.2 NAME	
STREET ADDRESS	NORTHERN WAY BURY ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUFFOLK, ENG IP326NL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ASHTON, STEPHEN D.		3.2 NAME	
STREET ADDRESS	NORTHERN WAY BURY ST		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 W		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33845		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHELTON, STEPHEN		5.2 NAME	
STREET ADDRESS	3100 HWY 17-92 W		5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33845		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KEGEL, WAYNE A		6.2 NAME	
STREET ADDRESS	3100 HWY 17-92 W		6.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33845		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Wayne A. Kegel Wayne A. Kegel 1/4/99 (941) 421-4708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)