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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 1295 APR 12 PM 12:19

DOCUMENT # **N48042** **(8)**

1. Corporation Name

T.R.E.E.S. OF ST. AUGUSTINE, INC.

Principal Place of Business	Mailing Address
C/O MRS. KAREN LEWIS 11 CONTERA DRIVE ST. AUGUSTINE FL 32084	C/O MRS. KAREN LEWIS 11 CONTERA DRIVE ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-3116913 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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

LEWIS, KAREN CARTER
11 CONTERA DRIVE
ST. AUGUSTINE FL 32084

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: Karen Carter Lewis, President — 4/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PD ☒ Change ☐ Addition
NAME	LEWIS, KAREN C.,	12 NAME	LEWIS, KAREN C.
STREET ADDRESS	11 CONTERA DRIVE	13 STREET ADDRESS	11 CONTERA DRIVE
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	14 CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	NADEAU, ROBIN E.,	22 NAME	
STREET ADDRESS	26 MICKLER BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DE RUBIO, ELSIE	32 NAME	
STREET ADDRESS	99 COQUINA AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MILDRED,	42 NAME	
STREET ADDRESS	243 MARIUS COURT	43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	DEPREY, MARILYN K.C.	52 NAME	DEPREY, MARILYN
STREET ADDRESS	4 VERSAGGI CT.	53 STREET ADDRESS	4 VERSAGGI CT.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	54 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE		61 TITLE	TD ☐ Change ☒ Addition
NAME		62 NAME	MC INTIRE, PEG
STREET ADDRESS		63 STREET ADDRESS	4600 A1A SOUTH
CITY-ST-ZIP		64 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Carter Lewis, President — 4/6/95 — (904)471-4572
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
KAREN CARTER LEWIS

0002870