FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:08

DOCUMENT # P23600 (0)

1. Corporation Name
TREE TOPS OF PENNSYLVANIA, INC.

Principal Place of Business	Mailing Address
ROUTE 209 BUSHKILL PA 18324	ROUTE 209 BUSHKILL PA 18324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1989
3a. Date of Last Report: 04/22/1994

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

4. FEI Number: 23-2099792 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM
39 WEST PINE STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	1.1 TITLE		☒ Change ☐ Addition
NAME	HOWELLS, DANIEL P	1.2 NAME	Frank Corso	
STREET ADDRESS	RT.209	1.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHKILL PA	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	V	☐ Change ☒ Addition
NAME	CORSO, FROANK	2.2 NAME	Norbert Weller	
STREET ADDRESS	RD 5, BOX 5616	2.3 STREET ADDRESS	Route 209,	
CITY-ST-ZIP	E STROUDSBURG PA	2.4 CITY-ST-ZIP	Bushkill, PA 18324	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, BRUCE L	3.2 NAME		
STREET ADDRESS	RD 2 BOX 2200	3.3 STREET ADDRESS		
CITY-ST-ZIP	MOSCOW PA	3.4 CITY-ST-ZIP		
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	DELANEY, THOMAS	4.2 NAME		
STREET ADDRESS	#4 FAIRFIELD	4.3 STREET ADDRESS		
CITY-ST-ZIP	AVONDALE ESTATES GA	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, ANN	5.2 NAME		
STREET ADDRESS	122 CLOISTER DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PEACHTREE CITY GA	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	MCNEESE, JACK	6.2 NAME		
STREET ADDRESS	4323 LAKE CHIMNEY CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA	6.4 CITY-ST-ZIP		

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)(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: Bruce Morgan 1/25/95 (717) 588-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488333 FN