

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
03/28/1989

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

23-2099792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ 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

Signature of officer or principal in charge of registered agent not applicable

(Signature of Registered Agent's signature required when re-registering)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CORSO, FRANK
STREET ADDRESS RT. 209
CITY - ST - ZIP BUSHKILL PA

TITLE V
NAME WELLER, NORBERT
STREET ADDRESS ROUTE 209
CITY - ST - ZIP BUSHKILL PA

TITLE S
NAME MORGAN, BRUCE L
STREET ADDRESS RD 2 BOX 2200
CITY - ST - ZIP MOSCOW PA

TITLE STD
NAME DELANEY, THOMAS
STREET ADDRESS #4 FAIRFIELD
CITY - ST - ZIP AVONDALE ESTATES GA

TITLE AS
NAME FOWLER, ANN
STREET ADDRESS 122 CLOISTER DRIVE
CITY - ST - ZIP PEACHTREE CITY GA

TITLE AS
NAME MCNEESE, JACK
STREET ADDRESS 4323 LAKE CHIMNEY CT
CITY - ST - ZIP ROSWELL GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE AS
5.2 NAME Leslie O. Jones
5.3 STREET ADDRESS 5347 Curry Court
5.4 CITY - ST - ZIP Marietta, GA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Bruce L Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/96

(717) 588-6661 ext. 2152

CR2E034 (3/96)