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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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: 07/30/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (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

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 _____ (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	PD	☐ DELETE	1.1 TITLE	Sr. Vice President, Dir.	☒ Change ☐ Addition
NAME	CORSO, FRANK		1.2 NAME	Corso, Frank	
STREET ADDRESS	RT.209		1.3 STREET ADDRESS	Route 209	
CITY-ST-ZIP	BUSHKILL PA		1.4 CITY-ST-ZIP	Bushkill, PA 18324	
TITLE	V	☐ DELETE	2.1 TITLE	President & Director	☐ Change ☒ Addition
NAME	WELLER, NORBERT		2.2 NAME	Daniel P. Howells	
STREET ADDRESS	ROUTE 209		2.3 STREET ADDRESS	Route 209	
CITY-ST-ZIP	BUSHKILL PA		2.4 CITY-ST-ZIP	Bushkill, PA 18324	
TITLE	S	☐ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	MORGAN, BRUCE L		3.2 NAME	Bruce L. Morgan	
STREET ADDRESS	RD 2 BOX 2200		3.3 STREET ADDRESS	Route 209	
CITY-ST-ZIP	MOSCOW PA		3.4 CITY-ST-ZIP	Bushkill, PA	
TITLE	STD	☐ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	DELANEY, THOMAS		4.2 NAME	Delaney, Thomas	
STREET ADDRESS	#4 FAIRFIELD		4.3 STREET ADDRESS	5 Concourse Pkwy.	
CITY-ST-ZIP	AVONDALE ESTATES GA		4.4 CITY-ST-ZIP	Atlanta, GA	
TITLE	AS	☐ DELETE	5.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	JONES, LESLIE O.		5.2 NAME	Leslie Jones	
STREET ADDRESS	5347 CURRY COURT		5.3 STREET ADDRESS	5 Concourse Pkwy.	
CITY-ST-ZIP	MARIETTA GA		5.4 CITY-ST-ZIP	Atlanta, GA	
TITLE	AS	☐ DELETE	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		

CR2E034 (9/96)

14. I do 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: Bruce Morgan April 8, 1997 (717) 588-6661