

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	5 Concourse Pkwy
22	City & State	27	2400
23	Zip	28	Atlanta, GA
24	Country	29	30328
25		30	US

3. Date Incorporated or Qualified

03/28/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	VPD	1.1 TITLE	OP
NAME	CORSO, FRANK	1.2 NAME	Michael Livingston
STREET ADDRESS	RT.209	1.3 STREET ADDRESS	RT 209
CITY-ST-ZIP	BUSHKILL PA	1.4 CITY-ST-ZIP	Bushkill PA 18324
TITLE	V	2.1 TITLE	
NAME	WELLER, NORBERT	2.2 NAME	
STREET ADDRESS	ROUTE 209	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHKILL PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	D
NAME	MORGAN, BRUCE L	3.2 NAME	John H. Watson
STREET ADDRESS	RD 2 BOX 2200	3.3 STREET ADDRESS	5 Concourse Pkwy
CITY-ST-ZIP	MOSCOW PA	3.4 CITY-ST-ZIP	Atlanta GA 30328
TITLE	T	4.1 TITLE	
NAME	DELANEY, THOMAS	4.2 NAME	
STREET ADDRESS	5 CONCOURSE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	S
NAME	JONES, LESLIE O.	5.2 NAME	
STREET ADDRESS	5 CONCOURSE PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
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 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

[Signature]

[Signature]

CR2E034 (10/97)