

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P23600**

1. Corporation Name

**TREE TOPS OF PENNSYLVANIA, INC.**

Principal Place of Business

ROUTE 209  
BUSHKILL PA 18324

Mailing Address

5 CONCOURSE PKWY  
2400  
ATLANTA GA 30328  
US

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90032 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 DP ☐ DELETE  
NAME LAVINGTON, M  
STREET ADDRESS RT 509  
CITY-ST-ZIP BUSHKILL PA 18324

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

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

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Andrew Worthington**  
2.3 STREET ADDRESS **Route 209**  
2.4 CITY-ST-ZIP **Bushkill, PA 18324**

TITLE D ☐ DELETE  
NAME WATSON, J H  
STREET ADDRESS 5 CONCOURSE PKWY  
CITY-ST-ZIP ATLANTA GA 30328

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

TITLE T ☐ DELETE  
NAME DELANEY, THOMAS  
STREET ADDRESS 5 CONCOURSE PKWY  
CITY-ST-ZIP ATLANTA GA

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

TITLE S ☐ DELETE  
NAME JONES, LESLIE O.  
STREET ADDRESS 5 CONCOURSE PKWY  
CITY-ST-ZIP ATLANTA GA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **5 Concourse Pkwy**  
6.4 CITY-ST-ZIP **Atlanta, GA 30328**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

770-392-9029

Daytime Phone #

CR2E034 (1/98)