

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000051324 (0)

1. Corporation Name

LONE TREE GROUP, INC.



Principal Place of Business

8732 HERSHEY LANE
SEMINOLE FL 34647
US

Mailing Address

8732 HERSHEY LANE
SEMINOLE FL 34647
US

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BURGUIERES, ROBERT E ESQ.
621 SIXTH AVENUE SOUTH
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

02/27/1995

4. FEI Number

59-3195851

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

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 607.1506, 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 Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

12a

D
CARROLL, WILLIAM B
4859 PARK STREET NORTH STE. 248
ST. PETERSBURG FL 33409

☐ DELETE

NAME

Street Address

City, St, Zip

12b

D
CARROLL, JOANN L
4859 PARK STREET NORTH STE. 248
ST. PETERSBURG FL 33409

☐ DELETE

NAME

Street Address

City, St, Zip

12c

☐ DELETE

NAME

Street Address

City, St, Zip

12d

☐ DELETE

NAME

Street Address

City, St, Zip

12e

☐ DELETE

NAME

Street Address

City, St, Zip

12f

☐ DELETE

NAME

Street Address

City, St, Zip

12g

☐ DELETE

NAME

Street Address

City, St, Zip

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

2. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

3. TITLE

☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

4. TITLE

☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

14. I 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. 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. I am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2696

3998733

CR2E034 (12/95)