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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS
5-1-94-B-5356 P94000032982 (8) DOCUMENT # THE DISCOVERY TREE, INC. Principal Place of Business Mailing Address 37837 MERIDIAN AVE 314 37837 MERIDIAN AVE 314 DADE CITY FL 33525 DADE CITY FL 33525 3. Date incorporated or Qualified 3a. Date of Last Report 04/28/1994 04/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3240365 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, LEONARD H Street Address (P.O. Box Number is Not Acceptable) 37837 MERIDIAN AVE 314 DADE CITY FL 33525 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or printed name of registered agest and the if again atom INOTE Regularist Agent squature responde when roost pour 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

O C P T S Crange Addi 13. TITLE PTS DELETE 1.1 Title Addition NAME JOHNSON, NANCY B 1.2 NAME STREET ADDRESS 37837 MERIDIAN AVE 314 1.3 STREET ADDRESS DADE CITY FL CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TIF ☐ Change Addition NAME 22 SME STREET ADDRESS REEL ADDRESS CITY-ST-ZIP FY - S1 - ZIF TITLE DELETE TLE 3 Change Addition NAME ME STREET ADDRESS TREET ADDRESS C/TY-ST-Z/P 1 - ST - ZIF TITLE DELETE Change ☐ Addition NAME MF STREET ADDRESS ELI ADDRESS CITY-ST-ZIP - \$1 - ZiF TITLE DELETE ☐ Change Addition NAME STREET ADDRESS EEL ADDRESS CITY-ST-ZIP · \$1 - 7/P TITLE DELETE Change Addition NAME ME STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished a certify that the information indicated on this annual report or supplemental annual report of that I am an officer or director of the corporation or the receiver or trustee emporation. changed, or on an attachment with an address

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does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further toes not quanty for the exemplion stated in section (19.0/6)(b), frontal statutes i further is true and another and that my signature shall have the same legal effect as if made under red to execute this report as required by Chapter 607, Florida Statutes; and that my name

April 29,1996

964-523-

CR2E034 (12/95)

SIGNATURE:

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

8/11/800

REFT ADDRESS