

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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90066 042 \*\*\*150.00

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DOCUMENT # P94000034581

1. Corporation Name  
TREESMITH, INC.

Principal Place of Business  
305 LYCHEE RD  
NOKOMIS FL 34275

Mailing Address  
305 LYCHEE RD  
NOKOMIS FL 34275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 41020 Clay Gully Rd		26 41020 Clay Gully Rd.		05/04/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0499713	
City & State		City & State		Applied For	
23 Myakka City, FL		28 Myakka City, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34251		29 34251		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 U.S.		30 U.S.		Trust Fund Contribution	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

SMITH, WILLIAM J  
305 LYCHEE RD  
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name	SMITH, WILLIAM J.
82 Street Address (P.O. Box Number is Not Acceptable)	41020 Clay Gully Rd
83	
84 City	Myakka City, FL
85 Zip Code	34251

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: *William J. Smith* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change Addition
NAME	SMITH, WILLIAM J	1.2 NAME	
STREET ADDRESS	305 LYCHEE RD	1.3 STREET ADDRESS	41020 Clay Gully Rd.
CITY-ST-ZIP	NOKOMIS FL 34275	1.4 CITY-ST-ZIP	MYAKKA CITY, FL. 34251
TITLE	S	2.1 TITLE	Change Addition
NAME	SMITH, JUDITH L	2.2 NAME	
STREET ADDRESS	305 LYCHEE RD	2.3 STREET ADDRESS	41020 Clay Gully Rd.
CITY-ST-ZIP	NOKOMIS FL 34275	2.4 CITY-ST-ZIP	MYAKKA CITY, FL. 34251
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Judith L. Smith* SIGNATURE REQUIRED: *William J. Smith*

4/12/99 (941) 322-0897  
Date Daytime Phone #

CR2E034 (1/98)