FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000054131 (5)

1. Corporation Name
PEARTREE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P O BOX 345 PALM HARBOR FL 34682-0345	P O BOX 345 PALM HARBOR FL 34682-0345

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report: n/a
4. FEI Number: 59-3259297 — 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

2. Principal Place of Business	2a. Mailing Address
21 3001 58th Ave So	26 3001 58th Ave So
22 Suite, Apt. #, etc: Suite 712	27 Suite, Apt. #, etc: Ste 712
23 City & State: St Petersburg, Fl	28 City & State: St Petersburg Fl
24 Zip: 33712 — 25 Country: Pinellas	29 Zip: 33712 — 30 Country: Pinellas

9. Name and Address of Current Registered Agent

PEREIRA, ANTHONY
2749 MCNAIR DR
PALM HARBOR FL 34682-0345

10. Name and Address of New Registered Agent

81 Name: Anthony Pereira
82 Street Address (P.O. Box Number is Not Acceptable): 3001 58th Ave So, Ste 712
83
84 City: St Petersburg FL 85 Zip Code: 33712

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: Virginia Pereira — 27 Apr 95
(Signature, typed or printed name of registered agent and title if applicable) (DATE — Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	DP ☑ Change ☐ Addition
NAME	PEREIRA, VIRGINIA	1 2 NAME	Virginia Pereira
STREET ADDRESS	2749 MCNAIR DR	1 3 STREET ADDRESS	3001 58th Ave So Ste 712
CITY-ST-ZIP	PALM HARBOR FL 34683	1 4 CITY-ST-ZIP	St Petersburg Fl 33712
TITLE	DV	2 1 TITLE	DV ☑ Change ☐ Addition
NAME	PEREIRA, ANTHONY	2 2 NAME	Anthony Pereira
STREET ADDRESS	2749 MCNAIR DR	2 3 STREET ADDRESS	3001 58th Ave So Ste 712
CITY-ST-ZIP	PALM HARBOR FL 34683	2 4 CITY-ST-ZIP	St Petersburg Fl 33712
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	TS 5/4/95

14. I do 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; 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: Virginia Pereira — 27 Apr 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461073 FP