

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 # P95000052472 (4)

1. Corporation Name

WILLOW TREE MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

POST OFFICE BOX 690937
ORLANDO FL 32869-0937

POST OFFICE BOX 690937
ORLANDO FL 32869-0937

3. Date Incorporated or Qualified
07/03/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3320136

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYENS, WILLIAM H
10138 ARROWHEAD DRIVE EAST, APT #8
JACKSONVILLE FL 32257

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6000 South Rio Grande Avenue

83 Suite 103

84 City

Orlando,

FL

85 Zip Code

32809

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 H. Rayens

William H. Rayens President

04/19/96

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William H. Rayens	
1.3 STREET ADDRESS	P.O. Box 690937	N/A
1.4 CITY-ST-ZIP	Orlando, Florida 32869-0937	
2.1 TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Theresa L. Rayens	
2.3 STREET ADDRESS	P.O. Box 690937	N/A
2.4 CITY-ST-ZIP	Orlando, Florida 32869-0937	
3.1 TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phyllis A. Guyer	
3.3 STREET ADDRESS	P.O. Box 690937	N/A
3.4 CITY-ST-ZIP	Orlando, Florida 32869-0937	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001796310	
5.3 STREET ADDRESS	-04/26/96--01054--031	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

William H. Rayens

William H. Rayens

Date

407
04/19/96 957-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)