1999

2. Principal Place of Business

18-WALBET-STRET PALM COAST FL 32137

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059234 1. Corporation Name

TREE HOUSE DESIGNS OF ST. AUGUSTINE, INC.

Mailing Address Principal Place of Business 36 BEACHSIDE DR 36 BEACHSIDE DR PALM COAST FL 32137 PALM COAST FL 32137, HS. US 2a. Mailing Address

21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zip

Zip Country 29 30 9. Name and Address of Current Registered Agent

Country 81 Name

alligood, James P

82 83 84 City

Street Address (P.O. Box Number is Not Acceptable)
36 BEACHSIDE DE PALM COAST

FILED

Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90036 001 ***150.00

DO NOT WRITE IN THIS SPACE

3340 029

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

07/31/1995

59-304605U

FEI Number

Zip Code 32137

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

☐ Yes

Not Applicable

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. T DELETE ☐ Change 1.1 TITLE TITLE ALLIGOOD, JAMES P 1.2 NAME NAME 36 BEACHSIDE DR 1.3 STREET ADDRESS STREET ADDRESS PALM COAST FL 3み137 CITY-ST-ZIE 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF CITY-ST-ZIF Change Addition □ DELETE 3.1 TITLE TITLE: 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 extrachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TURE AND TY TED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)