

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000061530 (8)**

1. Corporation Name

TREE TOPS TREE FARM, INC.

Principal Place of Business

**11720 SHELDON ROAD
TAMPA FL 33626**

Mailing Address

**11720 SHELDON ROAD
TAMPA FL 33626**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3331851	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, KATHERINE C
11720 SHELDON ROAD
TAMPA FL 33626**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD BROWN, TOM F 11720 SHELDON ROAD TAMPA FL 33626 <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME STD BROWN, KATHERINE C 11720 SHELDON ROAD TAMPA FL 33626 <input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS Vice President Laughridge, Anna K. 7801 Pineview Dr. Odessa, FL 33556 <input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.5 TITLE <input type="checkbox"/> DELETE	1.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.6 NAME <input type="checkbox"/> DELETE	1.6 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.7 STREET ADDRESS <input type="checkbox"/> DELETE	1.7 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.8 CITY-ST-ZIP <input type="checkbox"/> DELETE	1.8 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.9 TITLE <input type="checkbox"/> DELETE	1.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.10 NAME <input type="checkbox"/> DELETE	1.10 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.11 STREET ADDRESS <input type="checkbox"/> DELETE	1.11 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.12 CITY-ST-ZIP <input type="checkbox"/> DELETE	1.12 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

[Signature]

2/25/98 920-16661 813

CR2E034 (10/97)