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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

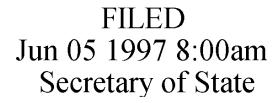
Sandra M

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000058090 (7)

TREE-TOP, INC. OF OKALOOSA COUNTY



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Principal Place of Business		Mailing Address			T TOURING ELE TENDO DIVITO DESTI DONIT DONIT BOTAL BRIDE TENDO TOUR BOTAL BODITO CONTRACTOR	
54 BEAL PARKWAY NORTHWEST FORT WALTON FL 32548		54 BEAL PARKWAY NORTHWEST FORT WALTON FL 32548-4826				
					3. Date Incorporated or Qualified 07/10/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
21		26 P. O. BOX 1344		59-3388252	Not Applicable	
Suite, Apt.		Suite, Apt. #, e	etc. 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 NICEVII			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	n	untry	8. This corporation has liability for	
24	25 9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New Re	.] Yes
				81 Name	10. Name and Address of New Re	gistered Agent
12:01	iporation service compan'i I hays street Lahassee FL 32301	Y		LARRY 82 Street Addr	R. PARKER ess (P.O. Box Number is Not Acceptate AL PKWY., NW	ole)
******	4			83	***************************************	
	T			84 City		B5 Zip Code
				l Fr. W	ALTON BEACH	FL 32548
office or re	egistered agent, or both, in the state	02 and 607 508 Horida on Porio. Sun chang	s Statules, the a c was authorize	above-named corp ed by the corporal	poration submits this statement for the plion's board of directors. I hereby acce	ourpose of changing its registered the appointment as registered
-	m familiar with, and a copies with	nations at Cotion 607.0	503, Florida SV	Was Fr	51.	-100
SIGNATURE	Signature typed or printed nary of registered age	op and title if applicable.	(NO1E: Register	ed Agent signature requi	red when reinstating)	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	PRESIDENT	☐ DEL	ETE 1.1 1	TITLE		Change Addition
NAME	LARRY R. PARKER		1.21	NAME		
STREET ADDRESS	54 BEAL PKWY.,			STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEAC			CITY-S1-7IP		
TITLE	VICE PRESIDENT	□ DEL	I	litle		Change Addition
NAME	ADRIENNE W. PAR		- 1	NAME		
STREET ADDRESS	54 BEAL PKWY.,			STREET ADDRESS		
CITY-ST-ZIP TITLE	FT. WALTON BEAC	H, FL 3254	18 2.4 ETE 311	CITY - ST - ZIP		☐ Change ☐ Addition
NAME		المنها المنها		NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		DEL		UTLE		Change Addition
NAME			4.2	NAME		
STREET ADDRESS			4.3 :	STREET ADDRESS		
CITY-ST-ZIP				CHY-ST-ZIP		
TITLE		☐ DEL	FTE 5.1	ITLE		Change Addition
NAME			5.21	VAME		
STREET ADDRESS			5.3 \$	STREET ADDRESS		
CITY-ST-ZIP				CITY-S1-ZIP		
TITLE	1.	☐ DEL		IITLE		Change Addition
NAME !			621	VAME		

6.3 STREET ADDRESS

NOME TARRY D. DARRY

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt information indicated on this annual report or supplemental annual report is five and accurate a man efficer or director of the corporation or the receiver or trustee empowered to about appears in Block 12 or Block 13 if changed, or on an attachment with an address.

STREET ADDRESS

CITY-ST-ZIP

4/15/97 (904)678-4092

for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the lie and escurate and that my signature shall have the same legal effect as if made under oath; that region of build this region as required by Chapter 607, Florida Statutes; and that my name