

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra M. [Signature] Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058090 (7)

1. Corporation Name
TREE-TOP, INC. OF OKALOOSA COUNTY



Principal Place of Business 54 BEAL PARKWAY NORTHWEST FORT WALTON FL 32548	Mailing Address 54 BEAL PARKWAY NORTHWEST FORT WALTON FL 32548-4826
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3. Date Incorporated or Qualified 07/10/1996	3a. Date of Last Report
4. FEI Number 59-3388252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P. O. BOX 1344 27 Suite, Apt. #, etc. 28 NICEVILLE, FL. 32588 29 Zip 30 Country
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
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10. Name and Address of New Registered Agent 81 Name LARRY R. PARKER 82 Street Address (P.O. Box Number is Not Acceptable) 54 BEAL PKWY., NW 83 84 City FT. WALTON BEACH FL 85 Zip Code 32548

11. Pursuant to the provisions of Sections 607.0102 and 607.0508, 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 responsibility for, the information furnished in this statement.

SIGNATURE: [Signature] DATE: 5/30/97
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	LARRY R. PARKER
STREET ADDRESS	54 BEAL PKWY., NW
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	ADRIENNE W. PARKER
STREET ADDRESS	54 BEAL PKWY., NW
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: LARRY R. PARKER [Signature] 4/15/97 (904)678-4092

CR2E034 (9/96)