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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064273 (1)

TREON SERVICES, INC.

FILED Mar 19 1998 8:00am Secretary of State



BO NOT WRITE IN THIS SPACE S. Deta Incorporated or Dualified O7/5/11/98 Applied For Do Not Write In This SPACE S. Deta Incorporated or Dualified O7/5/11/98 Applied For Do Not Write In This SPACE S. Deta Incorporated or Dualified O7/5/11/98 Applied For Do Not Write In This SPACE S. Deta Incorporated or Dualified O7/5/11/98 Applied For Do Not Write In This SPACE S. Deta Incorporated or Dualified Do Not Write In This SPACE Do Not Applied For Do Not Write In This SPACE Do Not Applied For Do Not Write In This SPACE Do Not Applied For Do Not Write In This SPACE Do Not Applied For Do Not Write In This SPACE Do Not Applied For Do Not Write In This SPACE Do Not Write In This SPAC	Principal Plac	ce of Business	.	Mailing A	Address				- 1			68111 61		= 174 = 1774				
2. Principal Place of Business												•						
2. Principal Place of Business	LEESBURG F	L 34748		LEESBU	RG FL 34748							O NOT W	JOITE IN	THIC	DAGE			
## Principal Mane of Business ## 24. Making Address ## 4. FET Number ## 1. Applied For \$1. Sules, Apt. 4, etc. ## 59-3398056 ## 1. Net Applied For \$5.00 May be stated as \$1. Sules, Apt. 4, etc. ## 59-3398056 ## 1. Sules, Apt. 4, etc. ## 59-3398056 ## 59-										9 Date In				Trilo e	FACE	-	-	-
2. Maring Address 2. Maring Address 3. Maring Address 5. Subset 5. Sub									ł			i Oi Quan	1160				1.1	1
Sulfo, Apl #, etc. Sulfo,	2. Principal P	Place of Busin	ess	2a. Mailii	na Address											145	olled For	ᅱ
Suito, Apt 4, etc. Suito, Apt 4, etc. Suito, A				<u> </u>	⊢ , *										ŀ	_		Ⅎ
27 Country 29 State 29 Country 29 State 29 20 20 20 20 20 20 20	Suite, Apt.	#. elc.			Apt. #. etc.										60			긤
City State 28 Country 29 C				├ ──	, , , , , , , , , , , , , , , , , , , ,					5. Certifica	ate of State	us Destre	d []				ł
20	City & State	te			State					6 Flection	Cempelo	n Einanci	na .					ヿ
20 State	23			28					i				~ _]				1
24	Zip		Country	Zιρ		Coun	iry			8. This co	rporation o	wes or h	as paid t	he curr				ヿ
JOHNSON, CHARLES D 907 WEBSTER ST LEESBURG FL 34748 82 Street Address (P.O. Box Number is Not Acceptable) 83	24	[:	25	29		30												-
907 WEBSTER ST LEESBURG FL 34748 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607. 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its rigidistered office of registered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its rigidistered office of registered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its rigidistered office of registered agent agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its rigidistered office of registered agent agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its rigidistered office of rigidistered agent agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its rigidistered of directors. I hereby accept the appointment as registered spont accept the origidate agent, or both, in the State of Floridal Statutes, the above-named corporation submits its statement for the purpose of changing its rigidistered of directors. I hereby accept the appointment as registered spont accept the origidate of directors. I hereby accept the appointment as registered spont accept the origidate of directors. I hereby accept the appointment as registered spont accept the origidate of directors. I hereby accept the appointment as registered sponts accept the origidate of directors. I hereby accept the appointment as registered sponts accept the origidate of directors. I hereby accept the appointment as registered agent accept the original sponts accept the origin		g, Name	and Address of Curre	nt Registered	Agent					10. Name	and Addre	ss of Ne	w Regia	tered /	gent			J
907 WEBSTER ST LEESBURG FL 34748 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statute, the above-nermed corporation submits this statement for the purpose of changing its rightered office or registered agent, or both, in the State of Florida Stoch change was authorized by the corporation's board of directors. I hereby accept the obligations of, Socions 607 0505, Florida Statutes. SIGNATURE SIGNATURE Supertive for priest rare of use award agent and fine if acyclocition. Of FICE RS AND DIRE CTORS 12. Of FICE RS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICE RS AND DIRECTORS IN 12 12 AME 12 AME 12 AME 12 AME 12 AME 13 STREET ADDRESS 6017-51-2P TITLE D D D D DELETE 21 TITLE D Change Addition Addition TREON, BEVERLY 34020 LEE AVE 1 STREET ADDRESS 5 Shelbyville, In 461.76 21 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22 AME 22 AME 23 STREET ADDRESS 5 CITY-51-2P TITLE NAME 1 STREET ADDRESS 5 S	JO	HNSON, CH	IARLES D			- [8	1	Name	9									٦
SIGNATURE D						يتأ	5	Street	Address	e (P.O. Boy	Number is	Not Acc	optable					4
11. Pursuant to the provelors of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rigilistered office or registered agent, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the familiar with, and accept the objection 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rigilistered agent, in the familiar with, and accept the objection 607,0505, Florida Statutes, florida Statutes, the above-named corporation submits this statement for the purpose of changing its rigilistered agent, in the familiar with, and accept the objection 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rigilistered agent, in the statement for the purpose of changing its rigilistered agent. In the submit a statement for the purpose of changing its rigilistered agent. In the purpose of changing its rigilistered agent, in the statement for the purpose of changing its rigilistered agent. In the purpose of changing its rigilistered agent agent and the rigilistered agent. In the purpose of changing its rigilistered agent agent and the rigilistered agent agent and the rigilistered agent age						`	1	Oligot	LAGGIOS	6 (r.O. DOX	HOIHOBI IS	HOL ACO	epiaoie)					۱
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and scorpt the obligations of, Section 607 0505, Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and familiar with an accept the obligations of, Section 607 0505, Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent			• • • • • • • • • • • • • • • • • • • •			ļē	3			4								7
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and scorpt the obligations of, Section 607 0505, Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and familiar with an accept the obligations of, Section 607 0505, Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent						-	4	-							13:1			-
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D TREON, EDWARD A4020 LEE AVE TREON, BEVERLY STREET ADDRESS CITY-ST-2P LEESBURG FL 34768 TITLE TITLE TITLE D TITLE TITLE D T T T T T T T T T T T T T T T T T T						16	4	City						FI	85	Zip C	ode	1
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D TREON, EDWARD A4020 LEE AVE TREON, BEVERLY STREET ADDRESS CITY-ST-2P LEESBURG FL 34768 TITLE TITLE TITLE D TITLE TITLE D T T T T T T T T T T T T T T T T T T	11. Pursuant	to the provisi	ons of Sections 607.050	2 and 607.150	8, Florida Statu	tes, the abo	ve.	-named	d corpore	ation submit	s this state	ment for	the purp	ose of	chang	ging its	registered	Н
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D TREON, EDWARD A4020 LEE AVE TREON, BEVERLY STREET ADDRESS CITY-ST-2P LEESBURG FL 34768 TITLE TITLE TITLE D TITLE TITLE D T T T T T T T T T T T T T T T T T T	office or r	registered age sm familiar wit	ent, or both, in the State h, and accept the oblic	of Florida, Suc ations of Secti	ch change was ion 607 0505. Fi	authorized Iorida Statut	by '	the corp	rporation	n's board of	directors.	l hereby a	accept ti	ne appo	ointme	int as i	egistered	١
12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			in an a document the confi	4.0.15 01, 0000		0,000												ļ
TITLE D	SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if applica	nblo (NO	TE Registered A	\gen	nt signature	re required t	when reinstating)			DATE				- [
TREON, EDWARD STREET ADDRESS CITY-ST-ZP LEESBURG FL 34788 TREON, BEVERLY MAKE STREET ADDRESS CITY-ST-ZP LEESBURG FL 34788 TREON, BEVERLY 34020 LEE AVET LEESBURG FL 34788 TREON, BEVERLY 34020 LEE AVET LEESBURG FL 34788 TITLE STREET ADDRESS CITY-ST-ZP LEESBURG FL 34788 TITLE STREET ADDRESS CITY-ST-ZP TITLE Addition STREET ADDRESS CITY-ST-ZP TITLE ANAME STREET ADDRESS CITY-ST-ZP TITLE ANAME STREET ADDRESS CITY-ST-ZP TITLE ACTIV-ST-ZP ACTIV-ST-ZP TITLE ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP TITLE ACTIV-ST-ZP ACTIV-ST	12.		OFFICERS AN	D DIRECTORS	i	13.	_			ADDITIO	NS/CHAN	GES TO C	OFFICER	S AND	DIRE	CTOR	S IN 12	1
STREET ADDRESS 34020 LEE AVE LEESBURG FL 34788	TITLE	D			DELETE	1.1 TITLE									C) Cr	ange	Addition	٦
CITY-S1-ZIP LEESBURG FL 34788	NAME	TREON,	EDWARD			1.2 NAM	Ε											
TITLE IMAGE TREON, BEVERLY STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS Shelbyville, In 46176 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition	STREET ADDRESS	34020 LI	EE AVE			1.3 STRE	ET A	ADDRESS	:									Į,
TREON, BEVERLY 34020 LEE AVET LEESBURG FL 34788 TITLE MAME STREET ADDRESS CITY-ST-ZIP GACITY-ST-ZIP GACITY-ST-ZIP GACITY-ST-ZIP GACITY-ST-ZIP	CITY-ST-ZIP	LEESBU	RG FL 34788			1.4 CITY	-ST	- ZIP										
STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 1st Vice President Gregory W. Treon 911 Hale Rd. #58 Shelbyville, In 46176 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 2nd Vice President Kevin R. Treon STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	D			DELETE	2.1 TITU	Ξ						<u></u>		☐ On	ange	Addition	٦
LEESBURG FL 34788 1ITLE 1st Vice President Gregory W. Treon 911 Hale Rd. #58 SIRET ADDRESS CITY-SI-ZP TITLE 2nd Vice President Kevin R. Treon SIRET ADDRESS 659 E. 500 S. CITY-SI-ZIP TITLE NAME SIRET ADDRESS CITY-SI-ZIP SIRET ADDRESS CITY-SI-ZIP TITLE NAME SIRET ADDRESS GITY-SI-ZIP SIRET ADDRESS GITY-SI-ZIP SIRET ADDRESS GITY-SI-ZIP SIRET ADDRESS GITY-SI-ZIP	HAME	TREON,	BEVERLY			2.2 NAM	E		ŀ									
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE Addition STREET ADDRESS CITY-SI-ZIP	STREET ADDRESS	34020 LI	EE AVET			2.3 STRE	ET A	ADDRESS	: [1
NAME STREET ADDRESS CITY-ST-ZIP TITLE 2nd Vice President 2nd Vice President 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE 2nd Vice President 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 46 176 4.2 NAME 4.2 NAME 4.2 NAME 51 STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.5 SA CITY-ST-ZIP 5.6 CITY-ST-ZIP TITLE 5.7 STREET ADDRESS CITY-ST-ZIP 5.6 CITY-ST-ZIP 5.7 STREET ADDRESS CITY-ST-ZIP 5.7 STREET ADDRESS CITY-ST-ZIP 5.8 STREET ADDRESS CITY-ST-ZIP 5.8 STREET ADDRESS CITY-ST-ZIP 5.8 STREET ADDRESS CITY-ST-ZIP 5.8 CITY-ST-	CITY-ST-ZIP	LEESBU	RG FL 34788			2.4 CITS	r- ST	r-21P									4.	
STREET ADDRESS CITY-SI-ZIP TITLE THANKE TREET ADDRESS TOTY-SI-ZIP TITLE TITLE THANKE TREET ADDRESS TOTY-SI-ZIP TITLE TITLE THANKE TREET ADDRESS TOTY-SI-ZIP THANKE TREET ADDRESS TOTY-SI-ZIP TOTAL THANKE	TITLE	104 1	ica Bracid	ont.	DELETE	3.1 TITL	<u> </u>		1						Ch	ange	Addition	7
STREET ADDRESS CITY-SI-ZIP 911 Hale Rd. #58 Shelbyville, In 46176 17TLE 2nd Vice President Kevin R. Treon STREET ADDRESS CITY-SI-ZIP 17TLE Shelbyville, In 46176 DELETE Street ADDRESS CITY-SI-ZIP TITLE Shelbyville, In 46176 DELETE Strille Street ADDRESS CITY-SI-ZIP TITLE DELETE Street ADDRESS CITY-SI-ZIP TITLE DELETE Street ADDRESS CITY-SI-ZIP TITLE Street ADDRESS CITY-SI-ZIP	NAME					3.2 NAM	E											١
Shelbyville, In 46176 TITLE 2nd Vice President Kevin R. Treon STREET ADDRESS CITY-ST-ZIP Shelbyville, In 46176 Addition 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP Shelbyville, In 46176 DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SACITY-ST-ZIP TITLE OChange Addition Addition Change Addition Addition STREET ADDRESS CITY-ST-ZIP SACITY-ST-ZIP TITLE OCHANGE Addition Addition STREET ADDRESS CITY-ST-ZIP GACITY-ST-ZIP GACITY-ST-ZIP GACITY-ST-ZIP	STREET ADDRESS					3,3 STRE	ET A	ADDRESS	. }									ł
TITLE 2nd Vice President DELETE 4.1 TITLE 4.2 NAME Kevin R. Treon 4.2 NAME STREET ADDRESS 659 E. 500 S. CITY-ST-ZIP Shelbyville, In 46176 DELETE 5.1 TITLE 1.2 Change Addition NAME STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 5.2 NAME STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP	ATT H	are ko. #5	76175		1			1									ı
NAME		2nd V	ice Presid	ent	DELETE										C) Ch	ange	Addition	
### STREET ADDRESS 659 E . 500 S .	NAME			~ •		4.2 NAM	Œ		1									
### CHTY-ST-ZIP Shelbyville, In 46176	STREET ADDRESS							UDDRESS	; 									
TITLE DELÉTE \$1 TITLE Change Addition MAME \$2 NAME \$3 STREET ADDRESS \$1 TITLE \$3 STREET ADDRESS \$4 CITY-ST-ZIP \$4 CITY-ST-ZIP \$1 TITLE \$1 TITLE \$1 TITLE \$1 TITLE \$4 CITY-ST-ZIP \$4	CITY-ST-ZIP			46176														1
MAME		-311844	·y-v-++++-+1		DELETE				+						☐ Ch	ange	Addition	1
STREET ADDRESS S.3 STREET ADDRESS	HAME	[1									
CITY-S1-ZIP	STREET ADORESS						-	NDDAESS.	. [
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP						1			1									ł
######################################					DELETE		_		1						□ Ch	ange	Addition	T
STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME				•						13							Į
CITY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS						-	nnaecc			4							1
																		1
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated by this applied to the section of the section	14, I hereby o	certify that the	information supplied w	ith this filing de	oes not qualify I	or the exem	ipti	on state	ted in Sec	ction 119.07	7(3)(I). Flor	ida Statut	es. I fur	her cer	tify th	at the	nformation	\dashv

indicated of this artified report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee 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 a plackingort with an address.