

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # P96000079316 (1)

1. Corporation Name
OLDE MAPLE TREE, INC.



Principal Place of Business

15200 S US 41
SUITE 112
FT MYERS FL 33908

Mailing Address

15200 S US 41
SUITE 112
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 217 - 3rd STREET

2a. Mailing Address

26 217 - 3rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BONITA SPRINGS, FL.

27 City & State

28 BONITA SPRINGS, FL.

24 34134 25 USA

29 34134 30 USA

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

4. FEI Number

65-0695350

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOHR, HEINZ G
15200 S US 41
SUITE 112
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

REINHARD K. JACOBS

82 Street Address (P.O. Box Number is Not Acceptable)

217 - 3rd STREET

83

84 City

BONITA SPRINGS

FL

85 Zip Code

34134

11. Pursuant to the provisions of Sections 607.002 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

REINHARD K. JACOBS

(NOTE: Registered Agent signature required when reinstating)

9/14/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME JACOBS, REINHARD K
STREET ADDRESS 15200 S US 41 SUITE 112
CITY-ST-ZIP FT MYERS FL 33908

TITLE DV ☒ DELETE

NAME MOHR, HEINZ G
STREET ADDRESS 15200 S US 41 SUITE 112
CITY-ST-ZIP FT MYERS FL 33908

TITLE DT ☐ DELETE

NAME JACOBS, REINHARD K
STREET ADDRESS 15200 S US 41 SUITE 112
CITY-ST-ZIP FT MYERS FL 33908

TITLE DS ☒ DELETE

NAME MOHR, HEINZ G
STREET ADDRESS 15200 S US 41 SUITE 112
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

217 - 3rd STREET
BONITA SPRINGS, FLORIDA 34134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

217 - 3rd STREET
BONITA SPRINGS, FLORIDA 34134

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 its 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

REINHARD K. JACOBS

9/14/97

941-495-0952

CR2E034 (4/97)