

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90044 028 ***150.00

DOCUMENT # P96000079316

1. Corporation Name

OLDE MAPLE TREE, INC.

Principal Place of Business

16260 DUBLIN CIRCLE
FORT MYERS FL 33908
US

Mailing Address

16260 DUBLIN CIRCLE
FORT MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

65-0695350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 27580 BIG BEND RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 27580 BIG BEND RD.
Suite, Apt. #, etc.

City & State

23 BONITA SPRINGS FL.

City & State

28 BONITA SPRINGS FL.

Zip Country

24 34134 25 USA

Zip Country

29 34134 30 USA

9. Name and Address of Current Registered Agent

JACOBS, REINHARD K
16260 DUBLIN CIRCLE
FORT MYERS FL 33908

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

TITLE DP
NAME JACOBS, REINHARD K
STREET ADDRESS 16260 DUBLIN CIRCLE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE DT
NAME JACOBS, REINHARD K
STREET ADDRESS 16260 DUBLIN CIRCLE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME JACOBS, REINHARD K.
1.3 STREET ADDRESS 27580 BIG BEND RD.
1.4 CITY-ST-ZIP BONITA SPRINGS, FL. 34134

2.1 TITLE
2.2 NAME JACOBS, REINHARD K.
2.3 STREET ADDRESS 27580 BIG BEND RD.
2.4 CITY-ST-ZIP BONITA SPRINGS, FL. 34134

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)