

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90231 037 ***158.75

DOCUMENT # P96000096311

1. Corporation Name

THE MONEY TREE LENDING GROUP, INC.



Principal Place of Business

3380 TAMiami TRAIL
STE. B-2
PORT CHARLOTTE FL 33952
US

Mailing Address

177 CYPRESS AVE.
PORT CHARLOTTE FL 33952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

65-0709376

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3380 Tamiami Trail

STE. B-2

Port Charlotte, FL

33952 U.S.

9. Name and Address of Current Registered Agent

SAMPIERE, PHILIP A JR.
177 CYPRESS AVE
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

85 Zip Code

Philip A. Sampiere Jr.

3380 Tamiami Trail Suite B-2

Port Charlotte

FL

33952

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

Philip A. Sampiere Jr.
Signature, typed or printed name of registered agent and date if applicable.

Philip A. Sampiere Jr.

1-22-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SAMPIERE, PHILIP A JR.

STREET ADDRESS 177 CYPRESS AVENUE

CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VD ☐ DELETE

NAME ROBIN, SANDRA S

STREET ADDRESS 177 CYPRESS AVENUE

CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SD ☐ DELETE

NAME SAMPIERE, SHAWN

STREET ADDRESS 177 CYPRESS AVENUE

CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TD ☐ DELETE

NAME WARRAM, LISA M

STREET ADDRESS 177 CYPRESS AVENUE

CITY-ST-ZIP PORT CHARLOTTE FL 33952

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 PD ☒ Change ☐ Addition

1.2 NAME Sampiere, Philip A. Jr.

1.3 STREET ADDRESS 3380 Tamiami Tr. Suite B-2

1.4 CITY-ST-ZIP Port Charlotte Fl. 33952

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Robin Sandra S

2.3 STREET ADDRESS 3380 Tamiami Trail Suite B-2

2.4 CITY-ST-ZIP Port Charlotte Fl. 33952

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME Sampiere, Shawn

3.3 STREET ADDRESS 3380 Tamiami Trail Suite B-2

3.4 CITY-ST-ZIP Port Charlotte Fl. 33952

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME Warram, Lisa M.

4.3 STREET ADDRESS 3380 Tamiami Trail Suite B-2

4.4 CITY-ST-ZIP Port Charlotte Fl. 33952

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Philip A. Sampiere Jr.
Signature and typed or printed name of signing officer or director

Philip A. Sampiere Jr.

1-22-99

Date

941-764-6767

Daytime Phone #

CR2E034 (11/98)

0446276