

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Service & Information
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **S35187**

(1)

55 MAY -1 PM 5:31

TREE SMART, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 4439 SOUTHEAST 141ST AVENUE
OKEECHOBEE FL 34974
Mailing Address: 4439 SOUTHEAST 141ST AVENUE
OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.		26. 13860 Wellington Trace		03/04/1991	05/01/1994
22. City & State		27. #600		4. FEI Number	Applied For
23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.		28. Wellington, FL		65-0252767	Not Applicable
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.		29. 33414		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.		30. USA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.		30. USA		8. This corporation has liability for intangible tax under S. 199(1)(c), Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARNES, RICHARD R. 12690 66TH STREET NORTH WEST PALM BEACH FL 33412		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 607.01(6) 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 S. 607.1508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY 12	
1. TITLE	PD	1. TITLE	☐ Change ☐ Addition
2. NAME	BARNES, RICHARD R.	2. NAME	
3. STREET ADDRESS	12690 66TH STREET NORTH	3. STREET ADDRESS	
4. CITY & STATE	WEST PALM BEACH FL	4. CITY & STATE	
5. TITLE	VD	5. TITLE	☐ Change ☐ Addition
6. NAME	LAKEMAN, WILLIAM J.	6. NAME	
7. STREET ADDRESS	4439 SOUTHEAST 141ST AVE	7. STREET ADDRESS	
8. CITY & STATE	OKEECHOBEE FL	8. CITY & STATE	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. CITY & STATE	
21. TITLE		21. TITLE	☐ Change ☐ Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY & STATE		24. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(7)(b), Florida Statutes. I further certify that the information included 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 a resident or officer of the corporation or the receiver or trustee empowered to make this report as required by Chapter 600, Florida Statutes, and that my duties are as stated in Block 12 or Block 13 (if changed) or on appointment with an address.

SIGNATURE:

Richard R. Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type)

(Signature of Registered Agent)