

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 AM 11: 24

DOCUMENT # 259688 (0)
1. Corporation Name
PALMS & PINES INC

Principal Place of Business	Mailing Address
% SANDRA KAKRITZ 5400 RIVERSIDE DR PUNTA GORDA FL 33982 US	% SANDRA KAKRITZ 5400 RIVERSIDE DR PUNTA GORDA FL 33982 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/05/1962	3a. Date of Last Report 02/01/1994
4. FEI Number 59-1284715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. 5400 Riverside Dr.	25. - Same -		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22.	27.		
City & State		City & State	
23. Punta Gorda Fla	28.		
Zip	Country	Zip	Country
24. 33982	25. Charlotte	29.	30.

B. Name and Address of Current Registered Agent

KAKRITZ, SANDRA
3428 SLEEPY HOLLOW LANE
PUNTA GORDA FL 33982

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

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: Sandra Kakritz Corporate Agent Sandra Morham 1-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACLEOD, JOSEPHINE
STREET ADDRESS	5400 RIVERSIDE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 00000
TITLE	V
NAME	MACLEOD, GORDON
STREET ADDRESS	1725 MINK DR.
CITY-ST-ZIP	APOPKA FL
TITLE	ST
NAME	MACLEOD, JOSEPHINE
STREET ADDRESS	5400 RIVERSIDE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 00000
TITLE	DVS
NAME	KAKRITZ, SANDRA
STREET ADDRESS	3428 SLEEPYHOLLOW LANE
CITY-ST-ZIP	PUNTA GORDA FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Kakritz Sandra Kakritz 1-26-95 819-639-5461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #