

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

FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 259688 (0)

1. Corporation Name
PALMS & PINES INC



Principal Place of Business 5400 RIVERSIDE DR 5400 RIVERSIDE DR PUNTA GORDA FL 33982 US	Mailing Address 5400 RIVERSIDE DR 5400 RIVERSIDE DR PUNTA GORDA FL 33982-1590 US
---	--

3. Date Incorporated or Qualified 06/05/1962	3a. Date of Last Report 06/19/1996
4. FEI Number 59-1284715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
---	--

9. Name and Address of Current Registered Agent

**KAKRITZ, SANDRA
3429 SLEEPY HOLLOW LANE
PUNTA GORDA FL 33982**

10. Name and Address of New Registered Agent

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

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 M. Kakritz Sandra M. Kakritz 1-9-97
Separate signed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME MACLEOD, JOSEPHINE	
STREET ADDRESS 5400 RIVERSIDE DRIVE	
CITY-ST-ZIP PUNTA GORDA, FL 00000	
TITLE V	<input type="checkbox"/> DELETE
NAME MACLEOD, GORDON	
STREET ADDRESS 1725 MINK DR.	
CITY-ST-ZIP APOPKA FL	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME MACLEOD, JOSEPHINE	
STREET ADDRESS 5400 RIVERSIDE DRIVE	
CITY-ST-ZIP PUNTA GORDA, FL 00000	
TITLE DVS	<input type="checkbox"/> DELETE
NAME KAKRITZ, SANDRA	
STREET ADDRESS 3428 SLEEPYHOLLOW LANE	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MACLEOD, JOSEPHINE	
1.3 STREET ADDRESS 3418 SLEEPY HOLLOW LANE	
1.4 CITY-ST-ZIP Punta Gorda, FLA. 33982	
2.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MACLEOD, GORDON	
2.3 STREET ADDRESS 1725 MINK DR.	
2.4 CITY-ST-ZIP APOPKA, FL	
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 DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME KAKRITZ, SANDRA	
4.3 STREET ADDRESS 3428 SleepyHollow Lane	
4.4 CITY-ST-ZIP Punta Gorda, FL. 33982	
5.1 TITLE MACLEOD, LOIS (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME SECRETARY	
5.3 STREET ADDRESS 1725 MINK DR.	
5.4 CITY-ST-ZIP APOPKA, FL.	
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 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.

SIGNATURE: Sandra M. Kakritz 1-9-97 941-639-5461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)