FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:28

DOCUMENT # 708864 (4)

1. Corporation Name
PINE CASTLE, INC.

Principal Place of Business	Mailing Address
4911 SPRING PARK ROAD JACKSONVILLE FL 32207	4911 SPRING PARK ROAD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1965
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-0704733 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAY, JONATHAN W.
4911 SPRING PARK ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	HYNES, CHARLES	1.2 NAME	
STREET ADDRESS	2002 E 18 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☐ Change ☐ Addition
NAME	ANDERSON, CINDY	2.2 NAME	DUMBLETON, DUANE D.
STREET ADDRESS	383 #6 ATLANTIC BLVD S218	2.3 STREET ADDRESS	101 W. STATE STREET
CITY-ST-ZIP	ATLANTIC BCH FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	ED	3.1 TITLE	☐ Change ☐ Addition
NAME	MAY, JONATHAN	3.2 NAME	
STREET ADDRESS	4911 SPRING PARK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	HUTSON, WILLIAM G.	4.2 NAME	WILLIAMS, LARRY B.
STREET ADDRESS	2061 MELHOLLIN DR.	4.3 STREET ADDRESS	1678 PONDEROSA DRIVE, WEST
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VD	5.1 TITLE	VD ☐ Change ☐ Addition
NAME	BIROING, ROGER	5.2 NAME	SPETNAGEL, EDWARD L.
STREET ADDRESS	13927 SPANISH MARSH TRAIL	5.3 STREET ADDRESS	1233 SALT CREEK ISLAND
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	TD	6.1 TITLE	PD ☐ Change ☐ Addition
NAME	KOEHLER, JANET	6.2 NAME	KOEHLER, JANET C.
STREET ADDRESS	8787 BAYPINE ROAD	6.3 STREET ADDRESS	8787 BAYPINE ROAD
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256

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

SIGNATURE: Jonathan W. May Jonathan W. May 1/24/95 904-733-2650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098188