

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000011268 (8)

1. Corporation Name

PIN-PARK INVESTORS, INC.



Principal Place of Business

Mailing Address

28059 U.S. 19 NORTH
SUITE 203
CLEARWATER FL 34621

28059 U.S. 19 NORTH
SUITE 203
CLEARWATER FL 34621

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 28059 U.S. 19 North

26 28059 U.S. 19 North

4. FEI Number

59-3249960

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34621

25 Pinellas

29 34621

30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIMPTON, WILLIAM J.
28059 US HIGHWAY 19 NORTH
SUITE 203
CLEARWATER FL 34621

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3 Suite 100

B4 City

FL

B5 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, 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

WILLIAM J. KIMPTON

2/20/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
KIMPTON, WILLIAM J
STREET ADDRESS 28059 U.S. 19 NORTH, SUITE 203
CITY-ST-ZIP CLEARWATER FL 34621

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 28059 U.S. 19 North, Suite 100
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD
FRANK, JOHN
STREET ADDRESS 10010 US HWY. 19 NORTH
CITY-ST-ZIP PORT RICHEY FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS Port Richey, FL 34668
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME STD
CARLESIMO, UNORIO
STREET ADDRESS P.O. BOX 838 NA
CITY-ST-ZIP OZONA FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS Ozona, FL 34660
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

(813) 791-0063

Date

Daytime Phone #

CR2E034 (12/95)