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**May 07, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708864**

1. Corporation Name

**PINE CASTLE, INC.**

Principal Place of Business  
4911 SPRING PARK ROAD  
JACKSONVILLE FL 32207

Mailing Address  
4911 SPRING PARK ROAD  
JACKSONVILLE FL 32207



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/27/1965

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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Jonathan W. May Jonathan W. May, Executive Director 5/5/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MOORE, P  
STREET ADDRESS 7301 BAYMEADOWS WAY  
CITY-ST-ZIP JAX FL 32225

TITLE D ☒ DELETE  
NAME HATCHER, MARC  
STREET ADDRESS 7411 FULLERTON STREET, #100  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME MAY, JONATHAN  
STREET ADDRESS 4911 SPRING PARK ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME BUTTS, S  
STREET ADDRESS 11323 BIDISTRIBUTION AVE E  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE  
NAME LOVE, MARY B  
STREET ADDRESS 200 W FORSYTHE STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE  
NAME HOLLEY, L O  
STREET ADDRESS 601 W STATE ST  
CITY-ST-ZIP JAX FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Sasser, J. B. Jr.  
1.3 STREET ADDRESS 4725 King Richard Road  
1.4 CITY-ST-ZIP Jacksonville, FL 32210

2.1 TITLE D. ☐ Change ☒ Addition  
2.2 NAME Henry, James F. H.  
2.3 STREET ADDRESS 4237 Salisbury Road, Suite 308  
2.4 CITY-ST-ZIP Jacksonville, FL 31126

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan W. May Jonathan W. May 5/5/99 904-733-2650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)