

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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 <b>5400 RIVERSIDE DR 5400 RIVERSIDE DR PUNTA GORDA FL 33982 US</b>		Mailing Address <b>5400 RIVERSIDE DR 5400 RIVERSIDE DR PUNTA GORDA FL 33982 US</b>		3. Date Incorporated or Qualified <b>06/05/1962</b>	3a. Date of Last Report <b>02/01/1995</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City and State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-1284715</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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			

9. Name and Address of Current Registered Agent <b>KAKRITZ, SANDRA 3429 SLEEPY HOLLOW LANE PUNTA GORDA FL 33982</b>				10. Name and Address of New Registered Agent			
81 Name <i>Sandra</i>				82 Street Address (P.O. Box Number is Not Acceptable) <i>Same</i>			
83				84 City <b>FL</b>			
				85 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: *Sandra M. Kakritz* **SANDRA M. KAKRITZ** DATE: **6-13-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACLEOD, JOSEPHINE</b>	12 NAME	
STREET ADDRESS	<b>5400 RIVERSIDE DRIVE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 00000</b>	14 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACLEOD, GORDON</b>	22 NAME	
STREET ADDRESS	<b>1725 MINK DR.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	24 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACLEOD, JOSEPHINE</b>	32 NAME	
STREET ADDRESS	<b>5400 RIVERSIDE DRIVE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 00000</b>	34 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAKRITZ, SANDRA</b>	42 NAME	
STREET ADDRESS	<b>3428 SLEEPYHOLLOW LANE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, 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* **SANDRAM KAKRITZ** DATE: **6-13-96** **941-** **(639-546)**

CR2E034 (3/96)