

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

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

01-23-1999 90051 048 \*\*\*\*158.75

**DOCUMENT # 259688**

1. Corporation Name  
**PALMS & PINES INC**



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	Applied For
06/05/1962	<input type="checkbox"/>
4. FEI Number	Not Applicable
59-1284715	<input type="checkbox"/>
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	
82 Street Address (P.O. Box Number is Not Acceptable)	<i>Same</i>
83	
84 City	FL
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 1st V.P.* DATE 1-4-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACLEOD, JOSEPHINE	
STREET ADDRESS	3418 SLEEPY HOLLOW LANE	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MACLEOD, GORDON	
STREET ADDRESS	1725 MINK DR.	
CITY-ST-ZIP	APOPKA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KAKRITZ, SANDRA	
STREET ADDRESS	3428 SLEEPYHOLLOW LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MACLEOD, LOIS	
STREET ADDRESS	1725 MINK DR	
CITY-ST-ZIP	APOPKA 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Sandra M. Kakritz* DATE 1-4-99 DAYTIME PHONE 941-639-5461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)