

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **321026** (7)

1. Corporation Name

PINE STREET MOTORS INC



Principal Place of Business

**407 S MAGNOLIA AVE
OCALA FL 34474
US**

Mailing Address

**407 S MAGNOLIA AVE
OCALA FL 34474
US**

3. Date Incorporated or Qualified
09/15/1967

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

24. Zip Country
25. Country

29. Zip Country
30. Country

4. FEI Number

59-1173503

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

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

9. Name and Address of Current Registered Agent

**STALNAKER, W R
407 S MAGNOLIA AVE
OCALA FL**

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 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

Signature of Registered Agent or Secretary of the Corporation

Signature of Registered Agent or Secretary of the Corporation

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	12. NAME	13. STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	STALNAKER, W R	407 S MAGNOLIA AVE	OCALA FL	<input type="checkbox"/>
VD	STALNAKER, HILDRETH T	407 S MAGNOLIA AVE	OCALA FL	<input type="checkbox"/>
SD	WECKLER, SHARON L.	407 S MAGNOLIA AVE	OCALA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11. TITLE	12. NAME	13. STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
S	J. Richard Jernigan	407 S. Magnolia Ave.	Ocala, FL 34474	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, 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:

W.R. Stalnaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. R. Stalnaker

1-19-96

352-732-2866

CR2E034 (12/95)