

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

**FILED**

**Jan 17 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 34474-4161**  
**US**

3. Date Incorporated or Qualified **09/15/1967** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1173503</b>		Applied For Not Applicable	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STALNAKER, W R</b> <b>407 S MAGNOLIA AVE</b> <b>OCALA FL</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALNAKER, W R</b>	12 NAME	
STREET ADDRESS	<b>407 S MAGNOLIA AVE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALNAKER, HILDRETH T</b>	22 NAME	
STREET ADDRESS	<b>407 S MAGNOLIA AVE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	24 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERNIGAN, J. R</b>	32 NAME	
STREET ADDRESS	<b>407 S MAGNOLIA AVE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		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 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 owner 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, as changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-9-97 352-732-2666  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)