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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 321026

PINE STREET MOTORS INC

Feb 19 1998 8:00am Secretary of State

**FILED** 

Adulting Adulting												
Principal Place of Business Mailing Address												
407 S MAGNOLIA AVE OCALA FL 34474 US		407 S MAGNOLIA AVE OCALA FL 34474 US					DO NOT WRITE IN THIS	SPACE				
							3. Date Incorporated or Qualified 09/15/1967					
2. Principal Place of Business		2a. M	. Mailing Address				4. FEI Number	Applied For				
1		26					59-1173503	Not Applicable				
Suite, Apt. #, etc.		27 St	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 4	Country 25	29 Zi	p	Coun	try		This corporation owes or has paid the cur     Personal Property Tax due June 30.	rent year Intangible Yes				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered	Agent				
	NAKER,W R			1	31	Name						
407 S OCAL	MAGNOLIA AVE A FI					Street Address (P.O. Box Number is Not Acceptable)						
00/12	,,,,			Ī	33							
				Ī	14	City	FL	85 Zip Code				
11. Pursuant to t	he provisions of Sections 607.	0502 and 607.	1508, Florida Sta	itutes, the abo	įνe	-named corpo	oration 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 agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE						
	Signature, typod or printed name of registered agent and title il applicable	(NOTE: P		required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	STALNAKER,W R		1.2 NAME			
STREET ADDRESS	407 S MAGNOLIA AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP			
TITLE	<b>V</b> D	DELETE	2.1 TITLE		Change	Addition
NAME	STALNAKER,HILDRETH T		2.2 NAME			
STREET ADDRESS	407 S MAGNOLIA AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL		2. 4 CITY-ST-ZIP		,	
TITLE	_	DELETE	3.1 TITLE		Change	Addition
NAME	<b>JERNIGAN, J. R</b>		3.2 NAME			
STREET ADDRESS	407 S MAGNOLIA AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL		3.4. CITY - ST - ZIP			
TITLE	L	DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-ST-ZIP			
TITLE		DELETÉ	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-St-Zip			
TITLE		] DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 of the receiver or true 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 attact ment with an address.