

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 03 1998 8:00 am
Secretary of State

DOCUMENT # 355306 (2)
1. Corporation Name
PINETA COMPANY



Principal Place of Business
1909 SALT MYRTLE LANE
ORANGE PARK FL 32073

Mailing Address
1909 SALT MYRTLE LANE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|------------------|-------------------------|------------------|---|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/14/1969 | |
| 21. Suite, Apt. #, etc. | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number 59-1277011 | Applied For Not Applicable |
| 23. Zip | 25. Country | 28. Zip | 30. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent PACE, GUSSIE B 1909 SALT MYRTLE LANE ORANGE PARK FL 32073 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81. Name Pace, T.W. | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) 1909 Salt Myrtle Lane | |
| | | | | 83. | |
| | | | | 84. City Orange Park, | 85. Zip Code FL 32073 |

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: Kennett Keffe KENNETT KEEFE 5/30/98
Signature typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature is required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | ASD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PACE, AUGUSTA | 1.2 NAME | |
| STREET ADDRESS | 1909 SALT MYRTLE LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK FL | 1.4 CITY-ST-ZIP | |
| TITLE | PSD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PACE, GUSSIE B. | 2.2 NAME | |
| STREET ADDRESS | 1909 SALT MYRTLE LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK FL | 2.4 CITY-ST-ZIP | |
| TITLE | ATO | 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PACE, T.W. | 3.2 NAME | |
| STREET ADDRESS | 1909 SALT MYRTLE LANE | 3.3 STREET ADDRESS | 6894 |
| CITY-ST-ZIP | ORANGE PARK FL | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRISON, M. R. | 4.2 NAME | |
| STREET ADDRESS | 1909 SALT MYRTLE LN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE PARK FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | V |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Wood, Susan D. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 1909 Salt Myrtle Lane Orange Park, FL 32073 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: M. Harrison

4/28/98 904 71471112

CR2E034 (10/97)