SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

THE PINEAPPLE POST INC.

SIGNATURE: _

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.

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90014 029 ***150.00



Principal Place				
		Mailing Address		
403 SOUTH TH		2403 SOUTH THIRD STR		
ACKSONVILLE	BEACH FL 32250	JACKSONVILLE BEACH F	L 32250	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				03/16/1973
2. Principal Pl	ace of Business	2a. Mailing Address	_ Livery.	4. FEI Number Applied For
4	000 0. 200000	26		59-1484728 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional
3	, , , , , , , , , , , , , , , , , , , ,	27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
3		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year
¬ '	25	29	30	Intangible Personal Property. Yes No
4	9. Name and Address of Cui		1301	10. Name and Address of New Registered Agent
	S. Name and Addition of Our	Tent register ou rigent	81 Name	
HOY	t, ralph w			
	LAKESIDE DR #18		82 Street	et Address (P.O. Box Number is Not Acceptable)
	SONVILLE FL 32210		02	
unor			83	
			84 City	85 Zip Code
				corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with and accept the o			
SIGNATURE .	11 Calpi	120 100		rporation's board of directors. I hereby accept the appointment as registered 7 - 7 9 9
SIGNATURE .	Signature, types or printed name of registered	agent and title if applicable.	NOTE: Registered Agent signal	ature required when reinstating) DATE
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	NOTE: Registered Agent signal	ature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE .	Signature, typed or printed name or registered OFFICERS	agent and title if applicable.	NOTE: Registered Agent signal 13. 1.1 TITLE	ature required when reinstating) DATE
SIGNATURE . 12. TITLE NAME	Signature, types or printed name of registered OFFICERS P HOYT, RALPH W	agent and title if applicable. AND DIRECTORS	NOTE: Registered Agent signal 13. 1.1 TITLE 1.2 NAME	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE . 12. TITLE NAME	Signature, types or printed name of registered OFFICERS P HOYT, RALPH W 4300 LAKESIDE DR #18	agent and title if applicable. AND DIRECTORS	NOTE: Registered Agent signal 13. 1.1 TITLE	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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5 8 251 - 900 14-29 ac. 421 287

The Pineapple Post, Inc. 2403 South Third Street Jacksonville Beach, Florida 32250

July 7,1999

Dept of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen,

Enclosed is my check for \$150.00, as payment for the Annual Report Fee and Corporate Supplemental Fee.

I did not receive the original mailing for this notice, and therefore am not paying the penalty. (This is from instructions from your office.)

The Pineapple Post, Inc.

Ralph W.Hovt, President