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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 32

DOCUMENT # 506428 (2)

1. Corporation Name
PINE FOREST ESTATES, INC.

Principal Place of Business
5367 ORTEGA BOULEVARD
JACKSONVILLE FL 32210

Mailing Address
5367 ORTEGA BOULEVARD
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-1691853 ☐ 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

BOYD, R. P.
4401 LAKESIDE DR
5367 ORTEGA BLVD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name WILLIAM E. BOYD
82 Street Address (P.O. Box Number is Not Acceptable) 4355 GALILEO AVE
83 5367 ORTEGA BLVD
84 City JACKSONVILLE FL 85 Zip Code 32210

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] Date 3/17/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1 1 TITLE	P/D ☒ Change ☐ Addition
NAME	BOYD, R P	1 2 NAME	RUTH P. BOYD BECKER
STREET ADDRESS	4401 LAKESIDE DR	1 3 STREET ADDRESS	4401 LAKESIDE DR
CITY ST ZIP	JACKSONVILLE, FL 00000	1 4 CITY ST ZIP	JACKSONVILLE FL 32210
TITLE	SD	2 1 TITLE	VP/T/D ☒ Change ☐ Addition
NAME	BOYD, W E	2 2 NAME	W.E. BOYD
STREET ADDRESS	4355 GALILEO AVE.	2 3 STREET ADDRESS	4355 GALILEO AVE
CITY ST ZIP	JACKSONVILLE, FL 00000	2 4 CITY ST ZIP	JACKSONVILLE FL 32210
TITLE	VD	3 1 TITLE	VP/S/D ☒ Change ☐ Addition
NAME	BOYD, C.T. III	3 2 NAME	C.T. BOYD, III
STREET ADDRESS	4414 MCGIRTS BLVD	3 3 STREET ADDRESS	4414 MCGIRTS BLVD
CITY ST ZIP	JACKSONVILLE FL	3 4 CITY ST ZIP	JACKSONVILLE FL 32210
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		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 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 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: [signature] Date 3/17/95 Daytime Phone # 904/389-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W.E. BOYD, VP

0017030 CP