FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **506428** **(2)**

1. Corporation Name

PINE FOREST ESTATES, INC.

Principal Place of Business	Mailing Address
5367 ORTEGA BOULEVARD JACKSONVILLE FL 32210	5367 ORTEGA BOULEVARD JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: **07/01/1976**

3a. Date of Last Report: **03/27/1995**

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

2. Principal Place of Business

21 Street Address, Apt. #, etc.
22 City & State
23 Zip / 24 Country / 25

2a. Mailing Address

26 Street Address, Apt. #, etc.
27 City & State
28 Zip / 29 Country / 30

9. Name and Address of Current Registered Agent

BOYD, WILLIAM E
4355 GALILEO AVE
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):
83 **4366 Roma Blvd**
5367 Ortega Blvd #100
84 City: **Jacksonville** **FL** 85 Zip Code: **32210**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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: W. E. Boyd DATE: 01/18/96

12. OFFICERS AND DIRECTORS

10 TITLE	PD	☐ DELETE
11 NAME	BOYD-BECKER, RUTH P	
12 STREET ADDRESS	4401 LAKESIDE DR	
13 CITY, ST, ZIP	JACKSONVILLE, FL 00000	
14 TITLE	VPTD	☐ DELETE
15 NAME	BOYD, W E	
16 STREET ADDRESS	4355 GALILEO AVE.	
17 CITY, ST, ZIP	JACKSONVILLE, FL 00000	
18 TITLE	VPSD	☐ DELETE
19 NAME	BOYD, C.T. III	
20 STREET ADDRESS	4414 MCGIRTS BLVD	
21 CITY, ST, ZIP	JACKSONVILLE FL	
22 TITLE		☐ DELETE
23 NAME		
24 STREET ADDRESS		
25 CITY, ST, ZIP		
26 TITLE		☐ DELETE
27 NAME		
28 STREET ADDRESS		
29 CITY, ST, ZIP		
30 TITLE		☐ DELETE
31 NAME		
32 STREET ADDRESS		
33 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

10 TITLE		☐ Change ☐ Addition
11 NAME		
12 STREET ADDRESS		
13 CITY, ST, ZIP		
14 TITLE	VPTD	☒ Change ☐ Addition
15 NAME	W.E. Boyd	
16 STREET ADDRESS	4366 Roma Blvd	
17 CITY, ST, ZIP	Jacksonville FL 32210	
18 TITLE		☐ Change ☐ Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, ST, ZIP		
22 TITLE		☐ Change ☐ Addition
23 NAME		
24 STREET ADDRESS		
25 CITY, ST, ZIP		
26 TITLE		☐ Change ☐ Addition
27 NAME		
28 STREET ADDRESS		
29 CITY, ST, ZIP		
30 TITLE		☐ Change ☐ Addition
31 NAME		
32 STREET ADDRESS		
33 CITY, ST, ZIP		

CR2E034 (12/95)

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)(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 added above or on an attachment with an address.

SIGNATURE: W. E. Boyd 01/18/96 904 389-6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. E. Boyd, Vice President

Date / Daytime Phone #