

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # 673829

(8)

1. Corporation Name
GEORGE PINER, INC.



Principal Place of Business:

**3861 HENDICKS AVE.
 JACKSONVILLE FL 32207-5362**

Mailing Address:

**3861 HENDICKS AVE.
 JACKSONVILLE FL 32207-5362**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1980

4. FEI Number
59-2013058 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business:

21. State, Apt. #, etc.

22. City & State

23. Zip

2a. Mailing Address:

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**CANIPELLI, KEVIN V ESQ
 845 WATERMAN ROAD NO
 JACKSONVILLE FL 32207**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 197.07 and 607.0901, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth in the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and in compliance with the provisions of Sections 197.07(3), Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETED
NAME	PINER, GEORGE M., JR.	
STREET ADDRESS	146 LA PASADA CIR W	
CITY, ST, ZIP	PONTE VEDRA BCH FL	
TITLE	PTS	<input type="checkbox"/> DELETED
NAME	PINER, GEORGE M JR	
STREET ADDRESS	146 LA PASADA CIR W	
CITY, ST, ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Treasurer
33 STREET ADDRESS	Richard B. Sigler
34 CITY, ST, ZIP	4460 Thicket Ridge Ln.
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Jacksonville, FL 32258
43 STREET ADDRESS	(58)
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information reported on this filing is true and accurate for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information included on this 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13. I am a resident of the State of Florida with my address:

SIGNATURE: *Richard B. Sigler*

CR2E034 (10/97)