

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 708864 (4)

1. Corporation Name
PINE CASTLE, INC.



Principal Place of Business 4911 SPRING PARK ROAD JACKSONVILLE FL 32207	Mailing Address 4911 SPRING PARK ROAD JACKSONVILLE FL 32207
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/27/1965	3a. Date of Last Report 01/30/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0704733	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAY, JONATHAN W. 4911 SPRING PARK ROAD JACKSONVILLE FL 32207				81. Name			
				82. Street Address (P.O. Box Numbers Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Jonathan W. May* Executive Director **3/13/96**

Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD HYNES, CHARLES President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2002 E 18 ST JACKSONVILLE FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMBLETON, DUANE D.	2.2 NAME	A. Crane Jones, Sr.
STREET ADDRESS	101 W. STATE STREET	2.3 STREET ADDRESS	2861 Spanish Cove Trail
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	ED <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, JONATHAN	3.2 NAME	
STREET ADDRESS	4911 SPRING PARK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	2nd Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LARRY B.	4.2 NAME	Ruth H. Corbitt
STREET ADDRESS	1678 PONDEROSA DRIVE, WEST	4.3 STREET ADDRESS	1173 Catalina Road, West
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPETNAGEL, EDWARD L.	5.2 NAME	Bonnie L. Knight
STREET ADDRESS	1233 SALT CREEK ISLAND	5.3 STREET ADDRESS	604 North Hogan Street
CITY-ST-ZIP	PONTE VEDRA BEACH FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEHLER, JANET	6.2 NAME	Marc Hatcher <i>m.m</i>
STREET ADDRESS	8787 BAYPINE ROAD	6.3 STREET ADDRESS	7411 Fullerton St. Suite 100
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32256 <i>32296</i>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as on an attachment with an address.

SIGNATURE: *Jonathan W. May* Executive Director **3/13/96 904-733-2658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)