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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
4911 SPRING PARK ROAD JACKSONVILLE FL 32207  
4911 SPRING PARK ROAD JACKSONVILLE FL 32207-7456

3. Date Incorporated or Qualified 04/27/1965  
3a. Date of Last Report 03/22/1996  
4. FEI Number 59-0704733  
Applied For Not Applicable  
5. Certificate of Status Desired  ~~Domestic~~  Foreign  
Fee Required \$375  
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 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
MAY, JONATHAN W.  
4911 SPRING PARK ROAD  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VDP	<input type="checkbox"/> DELETE
NAME	HYNES, CHARLES	
STREET ADDRESS	2002 E 18 ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JONES, A C	
STREET ADDRESS	2881 SPANISH COVE TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MAY, JONATHAN	
STREET ADDRESS	4911 SPRING PARK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CORBITT, RUTH H	
STREET ADDRESS	1173 CATALINA ROAD WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KNIGHT, BONNIE L	
STREET ADDRESS	804 N. HOGAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME	HATCHER, MARC	
STREET ADDRESS	7411 FULLERTON ST. SUITE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Crane Jones
1.3 STREET ADDRESS	2861 Spanish Cove Trail
1.4 CITY-ST-ZIP	Jacksonville, FL 32257
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Marc Hatcher
2.3 STREET ADDRESS	7411 Fullerton Street, Suite 100
2.4 CITY-ST-ZIP	Jacksonville, FL 32256
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Jonathan May
3.3 STREET ADDRESS	4911 Spring Park Road
3.4 CITY-ST-ZIP	Jacksonville, FL 32207
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Bonnie Knight
4.3 STREET ADDRESS	126 W. Adams Street
4.4 CITY-ST-ZIP	Jacksonville, FL 32202
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Mary Bland Love
5.3 STREET ADDRESS	200 W. Forsythe Street
5.4 CITY-ST-ZIP	Jacksonville, FL 32202
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Ernesto Perez
6.3 STREET ADDRESS	3360 Pickwick Drive S.
6.4 CITY-ST-ZIP	Jacksonville, FL 32257

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jonathan W. May* 3/24/97 904-733-2450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004941

CFR2E037 (9/96)