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May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708864

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/27/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0704733
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 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 Jonathan W. May Jonathan W. May, Executive Director DATE 5/5/99

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, P	1.2 NAME	Sasser, J. B. Jr.
STREET ADDRESS	7301 BAYMEADOWS WAY	1.3 STREET ADDRESS	4725 King Richard Road
CITY-ST-ZIP	JAX FL 32225	1.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, MARC	2.2 NAME	Henry, James F. H.
STREET ADDRESS	7411 FULLERTON STREET, #100	2.3 STREET ADDRESS	4237 Salisbury Road, Suite 308
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 31126
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
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	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BUTTS, S	4.2 NAME	
STREET ADDRESS	11323 BIDISTRIBUTION AVE E	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LOVE, MARY B	5.2 NAME	
STREET ADDRESS	200 W FORSYTHE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOLLEY, L O	6.2 NAME	
STREET ADDRESS	601 W STATE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32202	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Jonathan W. May Jonathan W. May DATE 5/5/99 Daytime Phone # 904-733-2650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)