

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 # 752919 (1)

1. Corporation Name

PINNACLE PORT RENTAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

23223 FRONT BCH RD
PANAMA CITY BEACH FL 32413
US

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PANAMA CITY BEACH FL 32413
US

3. Date Incorporated or Qualified 06/12/1980
3a. Date of Last Report 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

4. FEI Number 59-2008088
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

9. Name and Address of Current Registered Agent

SMITH, CAROL D
409 BETH STREET
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JETER, GEORGE	
STREET ADDRESS	23223 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, CAROL D	
STREET ADDRESS	23223 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEYER, JUNE	
STREET ADDRESS	23223 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, ELAINE	
STREET ADDRESS	23223 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, DONALD	
STREET ADDRESS	23223 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KEOWN, FRANK	
STREET ADDRESS	23223 FRONT BEACH RD	
CITY-ST-ZIP	PANAMA CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE *Carol D Smith* Carol D Smith 5-14-96 904-234-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)