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**Apr 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752919 (1)
1. Corporation Name
PINNACLE PORT RENTAL ASSOCIATION, INC.



Principal Place of Business 23223 FRONT BCH RD PANAMA CITY BEACH FL 32413 US	Mailing Address 23223 FRONT BCH RD PANAMA CITY BEACH FL 32413 US
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3. Date Incorporated or Qualified 06/12/1980	Applied For Not Applicable
4. FEI Number 59-2008088	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country
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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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	JETER, GEORGE
STREET ADDRESS	23223 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, ANN
STREET ADDRESS	23223 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MEYER, JUNE
STREET ADDRESS	23223 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HUGHES, ELAINE
STREET ADDRESS	23223 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HAYES, DONALD
STREET ADDRESS	23223 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	D <input checked="" 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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elaine Hughes
1.3 STREET ADDRESS	PO BOX 300
1.4 CITY-ST-ZIP	Montevallo, AL 35115
2.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth Dobbs
2.3 STREET ADDRESS	15 Willow Lane
2.4 CITY-ST-ZIP	Newnan, GA 30263
3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Randy Hutchinson
3.3 STREET ADDRESS	1505 Griffith Ave
3.4 CITY-ST-ZIP	Owensboro, KY 42301
4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Parker
4.3 STREET ADDRESS	1129 Griffith Ave
4.4 CITY-ST-ZIP	Owensboro, KY 42301
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Trudy Vernot
5.3 STREET ADDRESS	3049 White Ibis Way
5.4 CITY-ST-ZIP	Tallahassee, FL 32308
6.1 TITLE	Beverly Lewis, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Beverly Lewis, Director
6.3 STREET ADDRESS	5528 South Lea Lane
6.4 CITY-ST-ZIP	Columbus, GA 31909

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.

SIGNATURE: *Carol D. Smith* **4-8-98 850-234-8812**

CR2E037 (10/97)