

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE APRIL 9, 1995 OF \$100.00. UNLESS AMOUNT DUE TO STATE IS PAID.

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758460

(0)

1. Corporation Name
COLONIAL PINES, INC.

FILED
95 JUL 10 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O RICHARD H. PRITCHETT III 6601 BAYSHORE RD NORTH FORT MYERS FL 33917	Mailing Address C/O RICHARD H. PRITCHETT III 6601 BAYSHORE RD NORTH FORT MYERS FL 33917
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/21/1981	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2159242	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
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

**PRITCHETT, RICHARD H., III
6601 BAYSHORE RD
NORTH FORT MYERS FL 33917**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE VD	1.1 TITLE
NAME THORSEN, RANDY	1.2 NAME
STREET ADDRESS 470 LAKE MUREX CIRCLE	1.3 STREET ADDRESS
CITY - ST - ZIP FT MYERS FL	1.4 CITY - ST - ZIP
TITLE STD	2.1 TITLE
NAME LONG, NANCY C.	2.2 NAME
STREET ADDRESS 17097 WAYZATA CT	2.3 STREET ADDRESS
CITY - ST - ZIP N FT MYERS FL	2.4 CITY - ST - ZIP
TITLE PD	3.1 TITLE
NAME PRITCHETT, RICHARD III	3.2 NAME
STREET ADDRESS 6601 BAYSHORE RD	3.3 STREET ADDRESS
CITY - ST - ZIP N FT MYERS, FL 00000	3.4 CITY - ST - ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY - ST - ZIP	4.4 CITY - ST - ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY - ST - ZIP	5.4 CITY - ST - ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY - ST - ZIP	6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 110.07(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 my address.

SIGNATURE: Richard H. Pritchett, III DATE: 6/29/95 DAYTIME PHONE: 941-543-3434

CR2E037 (3/95)