FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

759446

(8)

PINE	TOP	HIIN	TING	CLUB.	INC
1 1111	101	HIVI		ULUI.	1111

Principal Place	of Business	Mailing Address						
RT 2. BOX 216. HWY 139B C/O NATHANIEL DINKINS C/O NATHANIEL DINKINS C/O NATHANIEL DINKINS		NS						
OCCUP OIL WAY	SIT 12 02040	GLEN ST. MARY FL 32	1040	3. Date Incorporated or Qualified 08/04/1981	3a. Date of Last Report 02/22/1995			
Principal Place of Business 1		2a. Mailing Address 26		4. FEI Number 59-2912892	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Z _I p 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	egistered Agent			
RT 2, B(, NATHANIEL DX 216, HWY 1398		$\perp \perp B$ 4.	DWAYNE RAWE Idress (P.O. Box Number is Not Acceptable J. BOX 1594				
GLEN S	T. MARY FL 32040		83 Un	derhill Lake Re	as Zio Codo			
			(7/	en St.Mary F/	FL 85 Zip Code 32040			
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. Thereby 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 a	nd the it acuse able (NO	TE Hegistered Agent signature req	ured when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CEFIS AND DIRECTORS IN 12 PChange Addition Change Addition Change Addition			
TITLE	D	☐ DELETE	1.1 TIFLE	5	P Change ☐ Addition ♀			
NAME	THRIFT, FRACIS K		1.2 NAME	Bobby Griffin 31.2.Box 310 Laura				
STREET ADDRESS	RT BOX 128 FRED HARVEY R	ID N/A	1.3 STREET ADDRESS	3+ 2. Box 510 Laura	more Rd B			
CITY - ST - ZIP	SANDERSON, FLORIDA 0		1.4 CITY - ST - 7IP	macelenny F1.32	0 & ≥			
TITLE	\$	₽ D ELETE	2 1 TITLE		Change Addition			
NAME	WILSON, MARCH		2.2 NAME		, <u> </u>			
STREET ADDRESS	P. O. BOX 1174, 121S. N/A		2 3 STREET ADDRESS					
CITY-ST-ZIP	MACCLENNY FL		2 4 CiTY - S1 - ZIP					
TITLE	VD	□DELETE	3.1 TITLE		Change Addition			
NAME	MILTON, TIMMY		3.2 NAME					
STREET ADDRESS	FRED HARVY RD., P.O. BOX 2	27 N/A	3 3 STREET ADDRESS					
CITY-ST-ZIP	SANDERSON FL 32087		3.4 City-SI-2IP					
TITLE	T	DELETE	4 1 TITLE		Change Addition			
NAME	BRISTOW, DUANE		4. 2 NAME					
STREET ADDRESS	RT. 1 BOX 105, CEDAR CREE	K DR. N/A	4.3 STREET ADDRESS					
CITY - ST - ZIP	SANDERSON FL 32087		4.4 City-St-7iP					
TITLE	Р	DELETE	5 1 TITLE		☐ Change ☐ Addition			
NAME	DINKINS, NATHANIEL		5 2 NAME					
STREET ADDRESS	HWY 139 B., RT. 1 BOX 243		5 3 STREET ADDRESS					
CITY - ST - ZIP	GLEN ST MARY FL		5 4 CiTY+SI-ZiP					
TITLE	D	DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME	DUGGER, TERRY		6.2 NAME		El a suige El Madition			
STREET ADDRESS	RT. 1 BOX 596, 125 S. N/A		6.3 STREET ADDRESS					
CITY-ST-ZIP	MACCLENNY FL							
34 1 1			6 4 CITY - ST - ZIF	711				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

03 - 05-96 Duty Daytma Phone is