FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:23

DOCUMENT # 766974 (0)

1. Corporation Name
PINE ISLAND PLAYERS, INC.

Principal Place of Business	Mailing Address
15664 BROMELIAD BOKEELIA FL 33922	15664 BROMELIAD BOKEELIA FL 33922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1983
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-2266863 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAGAN, MARY
15664 BROMELIAD
P. O. BOX 596
BOKEELIA FL 33922

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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE Mary A. Hagan MARY HAGAN 4-21-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition P
NAME	SPANGLER, KENNETH G.	1.2 NAME	
STREET ADDRESS	5776 TARPON ROAD	1.3 STREET ADDRESS	Schwartz Gunther - D 2673 8th Ave
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	St James City, Fl 33956
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	SHANKS, BOBBIE - D	2.2 NAME	
STREET ADDRESS	5970 TANATI DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, RUTH - D	3.2 NAME	
STREET ADDRESS	1333 SANTA BARBARA BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition VP
NAME	HAGAN, MARY	4.2 NAME	Johnnye Cook - D
STREET ADDRESS	15664 BROMELIAD	4.3 STREET ADDRESS	6350 Cedelia Rd
CITY-ST-ZIP	BOKEELIA FL	4.4 CITY-ST-ZIP	Bokeelia,Fl 33922
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	RECEIVED BY MAY 1
CITY-ST-ZIP		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)(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: Gunther Schwartz Gunther Schwartz 4-28-95 813 283-7279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060123