## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 853880 1. Corporation Name

PINE BROOK LAKES, INC.

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## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90139 035 \*\*\*150.00



Principal Place of Business Mailing Address						( )		17.
3125 MONGOME	ERY HIGHWAY #306	PO BOX 531158				4		elik
BIRMINGHAM AL 35209		BIRMINGHAM AL 35253-1158				DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualifed		
						08/25/1982		- 1
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	TĀ	pplied For
21		26				63-0754808	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Certificate of Status Desired	Fee R	lequired
City & State						6. Election Campaign Financing. \$5.00 May Be.		
23		Zip Country				Trust Fund Contribution		to Fees
Zip				гу		8. This corporation owes the current year In	itangible □ Yes	M√0
24 25 29 30			لـــــــــــــــــــــــــــــــــ			Personal Property Tax.  10. Name and Address of New Registered		2110
9. Name and Address of Current Registered Agent				11	Name	TO. Maine and Macross of New Registeres	. Agoin	
SHEL	LL, THURSTON A.							
	S. PALAFOX STREET, 7TH FL.			2	Street Addre	dress (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32598			8	3		76-1		***
			_	1			100 7:	0.4
					City	FI	_	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 abligations of, Section 607.0505, Florida Statutes.								
SIGNATURE 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Signature, typed or printed name of registered agent and title plicable. (NOTE: Reg				gent :	signature required	when reinstating)  DATE / ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	OPS IN 12
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	PTD CARTER C	, Deceie	1.2 NAME		ļ			
NAME:	TEMPEN, OTHER O.				ADDRESS			
STREET ADDRESS			1.4 CITY-					}
CITY-ST-ZIP TITLE	VSD DELETE 2.1T				ZIF		Change	Addition
NAME	O'SULLIVAN, I. L., JR.		2.2 NAME					ļ
STREET ADDRESS	and the second s		2,3 STREET ADDRESS		ADORESS			J
CITY-ST-ZIP	BIRMINGHAM AL			2.4 CITY-ST-ZIP				
TITLE	DELETE			E			☐ Change	□ Addition
NAME .	* * * *		3.2 NAM	Ε				1
STREET ADORESS			3.3 STRE	EET A	ADDRESS			
CITY-ST-ZiP			3.4. CITY	/-\$T	- ZIP			
TITLE		☐ DELETE	4.1 TITLE	E			Change	Addition
NAME			4. 2 NAM	ŘΕ				
STREET ADDRESS			4.3 STRE	EET A	ADDRESS			
CITY-ST-ZIP		- Delete	4.4 CITY		ZIP		Chance	Addition
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAM				☐ Change	Addition
NAME	•		ŀ		ADDRESS			Ì
STREET ADDRESS			5.4 CITY					
City-ST-ZiP TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM					_
					ADDRESS			
STREET ADDRESS		:	0.4.0170/	. 07	70			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/10/99 205-870-4976
Daytime Phone #