FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 13, 2003 8:00 am Secretary of State

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1. Entity Nam						00-13-2003 9	0039 00	8 *** 330.00
PINN	ACLE PORT REALTY C	CORPORATION						
						90139	1592	•
	DO NOT WRITE	IN THIS S	PAC			0020		\$ 11 h
2. Principal Place of Business 23223 FRONT BEACH ROAD 23223 FRONT BEACH ROAD 23223 FRONT BEACH ROAD			EACH	ROAD		,		
Suite, Apt. #, etcSuite, Apt. #, etc.				DO NOT WRITE			IN THIS SPA	₹CE
City & State PANAMA CITY BEACH FL		City & State PANAMA CITY BEACH FL		4. FE	Number 59-2307975		Applied For Not Applicable	
Zip 32413-10	008 USA	32413-1008	USA		<u> </u>	rtificate of Status Desired	Fee	3.75 Additional e Required
The special section of the section o		我心神经 医		Name Name		e and Address of Current Re	gistered A	gent
DO NOT WRITE				MICE	IAEL C FÜRNEY			
			Street Address	(P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE		4600 KING				
				City PANAN	MA CIT	Υ	FL	Zip Code 32408
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or registe	ered agen	t, or both, in the State of Florid	la. I am fami	iliar with, and accept
. the obliga	aons di registered agent.	•				÷		
SIGNATURE	Standard and a standa	distribution of the second of	E. Da eletera			and the second s	l Dire	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: January 1 - May 1 Fee is \$150.00								
	After May 1, Fee is \$550.00 Amended UBR is \$61.25	200 - 100 -				 Election Campaign Finance Trust Fund Contribution. 	cing 🖂	\$5.00 May Be Added to Fees
	k Payable to Florida Department of	<u> </u>	.					7,0005 15 7 005
10.	OFFICERS AND D	DIRECTORS	TITLE	Herman VIVE P	ekanî" Sahê b			N
TITLE NAME	T - MARK HILKMAN	AD./	NAME	off file and the last				(12/02
STREET ADDRESS	4189 LOCK HIGHWAY PKV ROSWELL GA 30075	V Y	20 100 000	TADDRESS				20 T T T T T T T T T T T T T T T T T T T
CITY-ST-ZIP	NOSWELL GA 30073	·	CITY-	ST-ZIP 3 1 1 1 1	37.5			CR2E034B
TITLE NAME	S - JAMES BROWN		TITLE		er eres	Managar Managar A	o francis	#2 <u>F</u>
STREET ADDRESS	1936 CO. ROAD 11		STREE	TADORESS				, , , , , , , , , , , , , , , , , , ,
CITY-ST-ZIP	OZARK AL 36360		CITY-	ST_ZIP			્ર હ્યું કે અં	<u> </u>
TITLE	PO-MICHAEL CEURNEY		TITLE					
NAME STREET ADDRESS	4600 KINGFISH LANE #603	3 -		T ADDRESS				
C1TY-ST-ZIP	PANAMA CITY FL 32408		*200.31	ST-ZIP		DO NOT V	VRI I	
TITLE	CHAIRMAN - JACK WILLIS		TITLE	The second	1.150	IN THIS S	DAC	4 4 4 4 4 4
NAME STREET ADDRESS	PO BOX 1032		NAME	T ADDRESS			ا کرم	
CITY-ST-ZIP	WAYNESBORO GA 30830)	55 TW TREE	ST-ZIP				
TITLE	VP - MARTY HOWARD		ĬME,					
NAME STREET ADDRESS	PO BOX 588			TANDOCCO	general and the second		4 * * * * * * * * * * * * * * * * * * *	
CITY-ST-ZIP	BLAKELY GA 39823			T ADDRESS ST. ZIP				3 1 1 1 1 1 1
TITLE	D. HAROLD BROWN	,	*TITLE	di di			* 28 5 1	
NAME	D - HAROLD BROWN RFD2 BOX 627	,	NAME					
STREET ADDRESS CITY-ST-ZIP	OZARK AL 36360		F 25 53	T ADDRESS			马为槽	
	<u> </u>		- A-7" X	Total Care and Care a	<u> </u>	OF SOM OF BUILDING OF THE STATE		rite wikk Site おぼれ合画

12. 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 report or supplemental 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 drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

STATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/2003

850-230-2779

Date

Daytime Phone #

Affachment 90139592 G46735

FOR PROFITCORPORATION
UNIFORM BUSINESS REPORT (UBR)
FOR THE YEAR 2003

TITLE	D
NAME	ROBERT REID
STREET ADDRESS	6024 COOK ROAD
CITY ST ZIP	MILFORD OH 45150
TITLE	D
NAME	JOHN HUNTER
STREET ADDRESS	615 MAPLE LANE
CITY ST ZIP	ALPHARETTA GA 30004
TITLE	D
NAME	CAS ROBINSON
STREET ADDRESS	528 MONTEAGLE TRACE
CITY ST ZIP	STONE MOUNTAIN GA 30087