

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G54965** (0)

1. Corporation Name

PINE VILLAGE, INC.

Principal Place of Business

**% FRANK L. GRIMES
10400 AMITY AVE.
BROOKSVILLE FL 34614**

Mailing Address

**% FRANK L. GRIMES
10400 AMITY AVE.
BROOKSVILLE FL 34614**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/19/1983

3a. Date of Last Report

01/17/1995

4. FEI Number

36-3246890

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributor

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRIMES, FRANK L.
10400 AMITY AVE.
BROOKSVILLE FL 34614**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of person making the change in the back of the

Form. Registered Agent is required to sign this statement.

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

☐ DELETE
**PTD
GRIMES, DAVID
140 NORTH LAGRANGE RD
LAGANGE, ILL 00000**

☐ DELETE
**S
GRIMES, FRANK L
10400 AMITY AVE
BROOKSVILLE, FL 00000**

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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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or once added, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

352 596 0300

CR2E034 (12/95)