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

SIGNATURE:



FILED

Secretary of State Secret	FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00						A 00 100 7 0 00		
Secretary of State Secretary of Secretary					RTMENT	OF STATE	Apr 09 1997 8:00am		
DOCUMENT # G54965 (0) Convertion Name Control Con		IAL DEDONT					i e		
DOCUMENT # G54965 (O) PINE VILLAGE, INC. # FRANK L GRIES # SOCK MET ANS # FRANK L GRIES # SOCK MET ANS # FRANK L GRIES # SOCK MET ANS # FRANK L GRIES		7.0.25			•		Scorcia	ly of Su	aic
PINE VILLAGE, INC. **ROMAN, CORUES **GRAMEN, CORUES **GR		1997	N. T. S.	DIVISION OF C	CORPOR	ATIONS			
PINE VILLAGE. INC. **ROMAN L GRIES **BORGHATH AND STANDARD AND AND AND AND AND AND AND AND AND AN	DOCUI	MENT # G5496	5	(0)					
Mailing Address Mailing Ad			•	(4)					
### CAPY HE CONTROL OF THE CONTROL O	PINE VIL	LAGE, INC.							
### CAPY HE CONTROL OF THE CONTROL O							1 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	######################################	
SPAIN LORMES 0.39 EGT Heart 1.00	Principal Place	e of Business	Mailing	Address				ENNY BIRIT BIRIT BIRIT BIRIT BIRIT B	
SPMAL HILL AS \$4608 SPMAL HIL	* * * * * * * * * * * * * * * * * * * *	RIMES	% FRAN	K L. GRIMES					
SPANK HILL R3 \$468		ne 1039 Heathmord			240			·	
Principles Place of Business 2a. Mailing Address 3. Filt Number 25. Applied For 36. 324.46890 38. Applied For 36. 324.46890 38. Applied For 36. 324.46890 38. Applied For 36. Applied For 37. Address of State 26. Applied For 36. Applied F	DHOORSPILLE	SPMALHILL PL346	08		P1 0		3. Date Incorporated or Qualified	3a- Date of Last Re	eport
Suite. Apil #, etc. Suite. Apil #, etc.								01/23/1996	
Suite. Apil # etc. Suite. Apil # etc. Suite. Apil #, etc. Suite. Apil #, etc. Suite. Apil #, etc. Suite. Suite. Apil #, etc. Suite.		lace of Business	h	ing Address	•				
CLY & State	Suite Ant	# ele		e Ant # etc			36-3240890	20 75	
Country 210 Country 21	22	11 S180		01 - 1010 × 1 010.			5. Certificate of Status Desired		
Country Zip Country Zip Country S. This corporation has lability for intenglible tex under is 199.032.	City & Stat	(e	City	& State					May Be
9. Name and Address of Current Registered Agent GRIMES, FRANK L 10400 AMRTY AVE:— (1 0 3 His private page of Current Registered Agent BROOKSVILE PT 34814 S / List August 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23	T Country			1 Ce	unta.		 	
9. Name and Address of Current Registered Agent GRIMES, FRANK L. 10409 AMTY AVE US 35 HEAPH WOOD GRIMES, FRANK L. 10409 AMTY AVE US 35 HEAPH WOOD GRIMES, FRANK L. 1050 AMTY AVE US 35 HEAPH WOOD GRIMES, FRANK L. 1050 AMTY AVE US 35 HEAPH WOOD GRIMES, FRANK L. 1050 AMTY AVE US 35 HEAPH WOOD GRIMES, FRANK L. 1051 AM City FL 85 Zip Code 1050 AMTY AVE US 35 HEAPH WOOD 1	24	}~¬ ′	· ·		} ₁	muy			199.032,
10.00 AMTY AVE 10.39				Agent	1901				
BROOKSVILLE PTL 34814 S. CLANG, HULL PLS 44608 - 3222 BS	GRI	VES, FRANK L.				81 Name			
STATE	1040	DO AMITY AVE - 11039	(20 COUNTRAS))		82 Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
PT Squares to this 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 subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent Lam familiar with another accept the originations of, Section 670,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent Lam familiar with another accept the originations of, Section 670,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent Lam familiar with another accept the origination of Section 670,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent Lam familiar with another as registered and the registered and th	BRQ	UKSVILLETE 348T4 SPLA	14HILL FL	3 4608-32	22	83			
11. Pursuant to the processores 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 14. Converted Agent agrature required Agent Agent Agent Agent Ag					1				
11. Purpose of Changing its registered office or organization 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 agent. Just office or organization of the provisions of the provision of the provisions of the provisions of the provision of						84 City		F! 85 Zip (Code
THE GRIMES, DAVID DELETE 1.1 TITLE 12 MANE Addition STREET ADDRESS 1.2 PMANE 1.3 STREET ADDRESS 1.4 CORY-ST-2/P 2 MANE 1.3 STREET ADDRESS 1.4 CORY-ST-2/P 3.4 CORY-ST-2/P 3.4 CORY-ST-2/P 4.4 CORY-ST-2/P 4.4 CORY-ST-2/P 4.4 CORY-ST-2/P 4.4 CORY-ST-2/P 4.4 CORY-ST-2/P 5.5 MANE 1.5 STREET ADDRESS	SIGNATURE	Signature, typed or printed name of registered	agen: and title if appli	cable (NOT	E Registere		ured when reinstaling)	DATE	
GRIMES, DAVID 140 NORTH LAGRANGE RD LAGANGE, ILL 00000 S S GRIMES, FRANK L AGANGE, ILL 00000 SERET ADDRESS CHAST-ZP MAMA SERET ADDRESS CHAST-ZP BROOKSWILLE; FL 00000- S PAINL HILL EL 34(02) DELETE 31 TITLE 22 ANAME 23 STREET ADDRESS 24 CITY-ST-ZP DELETE 31 TITLE Change Addition Change Chang	12. 160		AND DIRECTOR			Ti F	ADDITIONS/CHANGES TO OFFIC		
LAGANGE, ILL 00000 ILL COTY-ST-ZIP STREET ADDRESS GRIMES, FRANK L 10-00 AMITTY AVE 10-00 S / Lise plus o D BROCKEVALLE; FL-00000 S / R.i. M., HILL PL 3 YL-02 DELETE 3.1 TITLE 2.2 NAME 3.3 STREET ADDRESS DITY-ST-ZIP DELETE 4.1 TITLE Change Addition Change Addition Change Addition AMME STREET ADDRESS DITY-ST-ZIP DELETE 4.1 TITLE Change Addition AMME STREET ADDRESS DITY-ST-ZIP DELETE 5.1 TITLE Change Addition Addition STREET ADDRESS STREET ADDRESS SA CITY-ST-ZIP DITTE Change Addition Addition STREET ADDRESS STREET ADDRESS SA CITY-ST-ZIP DELETE 5.1 TITLE Change Addition Addition Change Addition Addition STREET ADDRESS SA CITY-ST-ZIP DELETE 6.1 TITLE Change Addition Addition Addition Addition STREET ADDRESS SA CITY-ST-ZIP DELETE 6.1 TITLE Change Addition Addition Addition Addition Change Addition Addition Addition Addition STREET ADDRESS SA CITY-ST-ZIP DELETE 6.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition STREET ADDRESS SA CITY-ST-ZIP DELETE 6.1 TITLE Change Addition Additi	NAME	GRIMES, DAVID			1	1			
GRIMES, FRANK L 9400 ANTITY AVE U 35 HEATHWOOD BROOKSVILLE, FL 00000- S / Ai M, HILL / CL 3460 Z SHEET ADDRESS CHY-ST-ZIP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CHY-ST-ZIP DELETE 41 TITLE Change Addition Addition Change Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Addition Addition Change Addition Add	STREET ADDRESS				1.3 \$	TREET ADDRESS			
GRIMES, FRANK L 10400 AMITY AVE BROCKSVILLE; FL 00000 S / Li NL, HILL CL 34(0) DELETE 31 TITLE 32 NAME 32 STREET ADDRESS DILY; S1- ZIP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS DILY; S1- ZIP DELETE 41 TITLE 42 NAME 42 NAME 43 STREET ADDRESS DILY; S1- ZIP DELETE 43 STREET ADDRESS DILY; S1- ZIP DELETE 44 DILY; S1- ZIP DELETE 51 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS DILY; S1- ZIP DELETE 51 TITLE 53 STREET ADDRESS DILY; S1- ZIP DELETE 51 TITLE 53 STREET ADDRESS DILY; S1- ZIP DELETE 54 CITY; S1- ZIP DELETE 53 STREET ADDRESS STREET ADD	City-St-ZiP				1.4 CI	TY-ST-21P			
STREET ADDRESS STRE	TALE			[] DELETE				Change	Addition
DELETE STREET ADDRESS STREET ADDRE	NAME CERTEX ASSOCIATE	SOAGO AMITY AVE	39 HEADH	NO 0,0	2.2 N				
DELETE STITILE Change Addition		BROOKSVILLE, FL-00000-	S PRINGHILL	L GC 34103	240	1	Ber ver	effe _{r i} a	
3.3 STREET ADDRESS 3.4 CITY_ST_ZIP	TITLE							Change	Addition
3.4 CITY-ST-ZIP	NAME				3.2 N	AME			ļ
DELETE 4.1 TITLE	STREET ADDRESS				1				
AACHTY-ST-ZIP DELETE 5.1 THLE DELETE 5.2 NAME STREET ADDRESS C-LY-ST-ZIP DELETE 5.3 STREET ADDRESS C-LY-ST-ZIP DELETE 6.1 THLE DELETE 6.1 THLE DELETE 6.2 NAME STREET ADDRESS C-LY-ST-ZIP THLE DELETE 6.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP THLE DELETE 6.3 STREET ADDRESS CHY-ST-ZIP THLE DELETE 6.3 STREET ADDRESS CHY-ST-ZIP THLE DELETE 6.4 CHY-ST-ZIP Addition 6.2 NAME 6.3 STREET ADDRESS CHY-ST-ZIP 14. Lido berchy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the	CITY - ST - ZIP			DELETE				Change	Addition
A 3 STREET ADDRESS CITY ST-21P DELETE 51 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS CITY-ST-71P TITLE DELETE 61 TITLE Change Addition 6.2 NAME SHREET ADDRESS CITY-ST-71P TITLE DELETE 61 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-21P TITLE DELETE 61 TITLE CHANGE SHREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-21P 14. Lido bereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 OZ(3)(i). Florida Statutes further certify that the	NAME			La Precie	1	1		C Onange	LI AUGILION
A4 CITY-ST-ZIP DELETE 5.T TITLE NAME SIREET ADDRESS CHY-ST-ZIP DELETE 61 TITLE DELETE 61 TITLE Change Addition Addition DELETE 61 TITLE Change Addition Basel Addition Addition Basel Addition Addition Basel Addition Addition Basel Addition	STREET ADDRESS					1			
NAME STREET ACTIVESS CHY-ST-7IP SACITY-ST-7IP DELETE G1 TITLE DELETE G2 NAME 63 STREET ADDRESS G18Y-S1-ZIP 64 CITY-S1-ZIP 14. Ligo bereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 OZ(3)(i). Florida Statutes Lightler perify that the	CITY - ST - ZIP								
5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	PILE			DELETE				Change	☐ Addition
SA CITY-ST-ZIP SA CITY-ST-ZIP SA CITY-ST-ZIP SA CITY-ST-ZIP SA CITY-ST-ZIP SA CITY-ST-ZIP SA STREET ADDRESS SA STREET ADDRESS SA STREET ADDRESS SA STREET ADDRESS SA CITY-ST-ZIP SA CITY-S	NAME					i			
THE DELETE 61 TITLE Change Addition Addition G2 NAME	İ				1	1			
NAME 62 NAME 63 STREET ADDRESS City-S1-ZIP 64 City-S1-ZIP 14. Lido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes Lightler certify that the	JILLE DVIA-21-316			DELETE				Change	Addition
64 City-S1-ZiP 14. Ligo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes Lightler certify that the	NAME								
14. Lide hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the	STREET AUDRESS					1			}
14. I do 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 roport 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 corpy along of the receiver or trustee empowered to execute this report as required by Chapter 607, Forida Statutes; and that my name appears in Block 12 or Block 13 if gray figure, on an attachment with an address.	CITY+ST-ZIP						·····		
I am an officer or director of the corpy along of 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 granter for on an attachment with an address.	 14. I do herel informatic 	by certify that the information support indicated on this annual report of	lied with this fili or ş ≢pplemental	ng does not quali annual report is t	fy for the true and	exemption state accurate and that	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same led	es. I further certify that all effect as if made und	the der oath: that
	Lamian o appears i	flicer or director of the corp fallion in Block 12 or Block 13 if graphed	of the receiver or on an attack	or trustee empoy hment with an add	vered to e dress.	execute this repo	ort as required by Chapter 607, Florida	Statutes; and that my n	ame

MOURE REQUIRED DAVIDAGRAUS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR