

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

**AND FILED**

**95 MAY -1 PM 3:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G96695 (3)**

**1. Corporation Name  
PINECREST PLACE, INC.**

**Principal Place of Business Mailing Address  
1150 8TH AVENUE S.W. LARGO FL 34640  
1150 8TH AVENUE S.W. LARGO FL 34640**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 04/18/1984  
3a. Date of Last Report 05/01/1994**

**2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

**4. FEI Number 59-2427938  
Applied For Not Applicable**

**22 City & State 27 City & State**

**5. Certificate of Status Desired \$8.75 Additional Fee Required**

**23 Zip 25 Country 29 Zip 30 Country**

**6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees**

**24 25 29 30**

**8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No**

**9. Name and Address of Current Registered Agent  
KENDRICK, C. RICHARD  
1150 8TH AVENUE S.W.  
LARGO FL 34640**

**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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)**

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------|---|---|
| TITLE                      | PD                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GIBSON, JAMES C.  | 1.2 NAME  |   |
| STREET ADDRESS             | 1150 8TH AVE., SW | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LARGO FL          | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | STD               | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CLIFTON, BRAD H.  | 2.2 NAME  |   |
| STREET ADDRESS             | 1150 8TH AVE. SW  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | LARGO FL          | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME  |   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                   | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME  |   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME  |   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME  |   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |   |
| 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 110.07(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 if changed, or on an attachment with an address.**

**SIGNATURE: [Signature] 4/24/95 PINECREST (INC) 501-8142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Issue #)**