

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # H15015 (1)**

1. Corporation Name

**PINE MEADOWS, INC.**



Principal Place of Business

6118 TULSA BLVD.  
PORT ST. JOHN FL 32927  
US

Mailing Address

6118 TULSA BLVD  
COCOA FL 32927  
US

2. Principal Place of Business

21 500 CATALINA ROAD

Suite, Apt. #, etc.

22 # 101

City & State

23 COCOA BEACH, Fla

Zip

24 32931

Country

25 BREVARD

2a. Mailing Address

26 500 CATALINA ROAD

Suite, Apt. #, etc.

27 # 101

City & State

28 COCOA BEACH, Fla

Zip

29 32931

Country

30 BREVARD

3. Date Incorporated or Qualified

08/02/1984

3a. Date of Last Report

02/06/1995

4. FEI Number

59-2476847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$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

FINLAYSON, DAVID G.  
500 CATALINA ROAD #101  
COCOA BEACH FL 32931

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FINLAYSON, GRAHAM R.  
STREET ADDRESS 315 JOHNSON AVENUE  
CITY - ST - ZIP CAPE CANAVERAL FL

TITLE ☐ DELETE

NAME DAVID G. FINLAYSON  
STREET ADDRESS VICE Pres.  
101 CATALINA RD  
CITY - ST - ZIP COCOA BEACH, Fla 32931

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 if changed, or on an attachment with an address.

SIGNATURE: Graham R. Finlayson - GRAHAM R. FINLAYSON 3/24/96 407-635-8188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)