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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H96698 (6)
1. Corporation Name
FLAGLER PINES, INC.

Principal Place of Business
STAR ROUTE, BOX 25
BUNNELL FL 32136
US

Mailing Address
P.O. BOX 1447
FLAGLER BEACH FL 32136-1447



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
01/29/1986

3a. Date of Last Report
05/21/1996

4. FEI Number
59-2647430

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

MERLE E. SIMPSON
1501 NORTH A1A
FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name
MERLE E. SIMPSON
82 Street Address (P.O. Box Number is Not Acceptable)
109 HORSESHOE TRAIL
83
84 City
ORMOND BCH. FL FL 85 Zip Code
32174

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 MERLE E. SIMPSON

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 28, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SIMPSON, MERLE E.
STREET ADDRESS 1501 NORTH A1A
CITY-ST-ZIP FLAGLER BEACH FL ☐ DELETE

TITLE VS
NAME SCHEINDER, MELVIN E.
STREET ADDRESS 120 AVALONAVE
CITY-ST-ZIP FLAGLER BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT
1.2 NAME MERLE E. SIMPSON
1.3 STREET ADDRESS 109 HORSESHOE TRAIL
1.4 CITY-ST-ZIP ORMOND BCH. FL 32174 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Merle E. Simpson

APRIL 28, 1997 (904) 437-5531

CR2E034 (9/96)