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Feb 01, 1999 8:00am  
Secretary of State

02-01-1999 90001 028 \*\*\*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J41994

1. Corporation Name  
PILE BUCK, INC.

Principal Place of Business  
3557 SW CORPORATE PKWY  
PALM CITY FL 34990  
US

Mailing Address  
PO BOX 1736  
PALM CITY FL 34991  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1986

4. FEI Number

59-2513160

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
SMOOT, CHRISTOPHER S.  
STREET ADDRESS  
2521 SW RACQUET CLUB DR  
CITY-ST-ZIP  
PALM CITY FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
SMOOT, SARAH M.  
STREET ADDRESS  
2521 SW RACQUET CLUB DR  
CITY-ST-ZIP  
PALM CITY FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
SMOOT, CHRISTOPHER S.  
STREET ADDRESS  
2521 SW RACQUET CLUB DR  
CITY-ST-ZIP  
PALM CITY FL

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

TITLE ☐ DELETE

NAME  
SMOOT, SARAH M.  
STREET ADDRESS  
2521 SW RACQUET CLUB DR  
CITY-ST-ZIP  
PALM CITY FL

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

TITLE ☐ DELETE

NAME  
SMOOT, CHRISTOPHER S.  
STREET ADDRESS  
2521 SW RACQUET CLUB DR  
CITY-ST-ZIP  
PALM CITY FL

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

TITLE ☐ DELETE

NAME  
SMOOT, SARAH M.  
STREET ADDRESS  
2521 SW RACQUET CLUB DR  
CITY-ST-ZIP  
PALM CITY FL

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

TITLE ☐ DELETE

NAME  
SMOOT, CHRISTOPHER S.  
STREET ADDRESS  
2521 SW RACQUET CLUB DR  
CITY-ST-ZIP  
PALM CITY FL

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(PRESIDENT) (561) 223-1919  
CHRISTOPHER SMOOT 1-6-99

CR2E034 (11/98)