May 05, 1999 8:00 am Secretary of State

05-05-1999 90032 049 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J45769

1. Corporation Name

PINE HIL	LL DEVELOPMENT, INC.							
Principal Place	e of Business	Mailing Address				- I L##ILEO BELL BIDDI GILEL L#GID BELLA LDIE BEDIL		a difiis Binti 1961
620 MCKENZIE AVENUE P.O. BOX 2528 PANAMA CITY FL 32401 PANAMA CITY FL 32402 US US						DO NOT WRITE IN THIS	S SPACE	
						3. Date Incorporated or Qualifed		
						12/08/1986		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	 	Applied For
21		26	5 Suite, Apt. #, etc.			59-2746805		Not Applicable Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5. Certifcate of Status Desired	•	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ıtry		8. This corporation owes the current year In	itangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	Agent	
1 41 27	TO DUL D			81	Name			
	TO, BILL R. MCKENZIE AVENUE				Street Addre	t Address (P.O. Box Number is Not Acceptable)		
	AMA CITY FL 32401		ŀ	83				
****	THIN CITT I B OLIO							
			l	84	City	Fi	85 Zip	Code
office or r	registered agent, or both, in the Statum familiar with, and accept the obligion of registered as Signature, typed or printed name of registered as	e of Florida, Such change was a gations of, Section 607.0505, Fk	uthonzed vrida Statu	by tes.	the corporation	ration submits this statement for the purpose of s board of directors. I hereby accept the appointment of the purpose of the p	intment as I	registered
12.		AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	OP □ DELETE 1.1		1.1 ΤΙΠ	LE			Change	e 🗌 Addition
NAME	HUTTO, BILL R.		1.2 NAME					
STREET ADDRESS	620 MCKENZIE AVE.	1.3 \$		1.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		1.4 CfT	1.4 CrtY-ST-ZiP				
TITLE				2.1 πτ.Ε			☐ Change	e
NAME			2.2 NA		-			
STREET ADDRESS			1		ADDRESS			}
CITY-ST-ZIP	DELETE		2. 4 C/TY-ST-Z/P 3.1 TITLE		r-ZiP		Change	e Addition
TITLE							Onlinge	
NAME	Ì		32 NA		ADDRESS			
STREET ADDRESS			1					
CITY-ST-ZIP				3.4. CITY-ST-ZIP			Change	e Addition
NAME			4. 2 NA					_
STREET ADDRESS					ADDRESS			Í
CITY-ST-ZIP								{
TITLE	En actore			4.4 CITY-ST-ZIP 5.1 TiTLE			☐ Change	e
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STA	REET	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP			
TITLE		☐ DELETE	6.1 ππ	LE			☐ Change	e
MANE	1		6.2 NA	ME	}			ì

14. I 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 information indicated on this annual report or supplemental anything 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 attachypent with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill R. Hutto, President 04/29/99 (850)763-

Date

Daytime Phone # 0723

CR2E034 (11/98)