

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90067 038 \*\*\*150.00

DOCUMENT # J46319

1. Corporation Name

PEARL APARTMENTS, INC.

Principal Place of Business

4949 E. ANNA-JO DRIVE  
INVERNESS FL 34452

Mailing Address

4949 E. ANNA-JO DRIVE  
INVERNESS FL 34452

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1986

4. FEI Number

59-2763467

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

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

9. Name and Address of Current Registered Agent

RANCOURT, PAULINE  
6020 E. TENISON STREET  
INVERNESS FL 34452

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS RANCOURT, DANIEL  
CITY-ST-ZIP RT114  
CANAAN VT

TITLE ☐ DELETE  
NAME VPTD  
STREET ADDRESS RANCOURT, PAULINE  
CITY-ST-ZIP 6020 E TENISON ST  
INVERNESS FL

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS MCBRIDE, JANE  
CITY-ST-ZIP 540 GENTIAN ROAD  
ST. AUGUSTINE FL 32086

TITLE ☐ DELETE  
NAME SVTD  
STREET ADDRESS RANCOURT, VIRGINIA  
CITY-ST-ZIP 623 FULTON RD, APT 13  
TALLAHASSEE FL 32303

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 SVTD  
4.3 STREET ADDRESS RANCOURT VIRGINIA  
4.4 CITY-ST-ZIP 302 FERN HOLLOW RD  
TALLAHASSEE, FL 32312

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 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, with all other like empowered.

SIGNATURE:

*Pauline Rancourt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULINE RANCOURT

4/30/99

352-344-5519

Date

Daytime Phone #

CR2E034 (1/98)