

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J49659 (2)

1. Corporation Name

THE PINNACLE COMPANY



Principal Place of Business

7800 BELFORT PARKWAY
STE 235
JACKSONVILLE FL 32256
US

Mailing Address

7800 BELFORT PARKWAY
SUITE 235
JACKSONVILLE FL 32256
US

3. Date Incorporated or Qualified
12/30/1986

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

21. 8917 Western Way
Suite, Apt. #, etc.

22. Suite 6

23. Jacksonville, Florida

24. 32256

Country

25. Duval

2a. Mailing Address

26. 8917 Western Way
Suite, Apt. #, etc.

27. Suite 6

28. Jacksonville, Florida

Country

29. 32256

30. Duval

4. FEI Number
59-2756811

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

CONN, JEFFREY A.
7800 BELFORT PARKWAY
SUITE 235
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81. Name
Jeffrey A. Conn
82. Street Address (P.O. Box Number is Not Acceptable)
8917 Western Way,
83. Suite 6
84. City
Jacksonville, FL 85. Zip Code
32256

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

Jeffrey A. Conn, President

01/24/96

12. OFFICERS AND DIRECTORS

1.1 TITLE
DTS
1.2 NAME
CONN, ROBIN R.
1.3 STREET ADDRESS
48 FISHERMAN'S COVE ROAD
1.4 CITY-ST-ZIP
PONTE VEDRA BCH FL

☐ DELETE

2.1 TITLE
DP
2.2 NAME
CONN, JEFFREY A.
2.3 STREET ADDRESS
7800 BELFORT PARKWAY
2.4 CITY-ST-ZIP
JACKSONVILLE FL

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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:

Jeffrey A. Conn, President

01/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)