

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 16 1996 8:00 am
Secretary of State

DOCUMENT # J63581 (9)

1. Corporation Name

REGIS PINES, INC.

Principal Place of Business

% TERRY W. PACETTI
P.O. BOX 618
ST. AUGUSTINE FL 32085

Mailing Address

% TERRY W. PACETTI
P.O. BOX 618
ST. AUGUSTINE FL 32085

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PACETTI, TERRY W.
208 S.R. 312
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

03/25/1987

3a. Date of Last Report

05/01/1995

4. FLI Number

59-2834436

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

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 607.1503, 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, if the corporation

Signature typed or printed name of registered agent, if the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DV
PACETTI, TERRY W.
STREET ADDRESS 208 S.R. 312
CITY-STATE-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE
NAME DP
KOONTZ, RALPH
STREET ADDRESS 4247 STACEY RD. EAST
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME D
LOVEYJOY, JOHN
STREET ADDRESS 6408 SAN JOSE BLVD.
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME DT
PACE, A. RAY
STREET ADDRESS 9365 PHILLIPS HIGHWAY
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME S
CIMINO, FAITH
STREET ADDRESS 208 S.R. 312
CITY-STATE-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH M. KOONTZ 6/MAY 96 904 794 5337

CR2E034 (12/95)