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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 32085-0618

3. Date Incorporated or Qualified: **03/25/1987**	3a. Date of Last Report: **05/16/1996**
4. FEI 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	

2. Principal Place of Business — 21 | Street Address — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	PACETTI, TERRY W.		1.2 NAME
STREET ADDRESS	208 S.R. 312		1.3 STREET ADDRESS
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP
TITLE	DP	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	KOONTZ, RALPH		2.2 NAME
STREET ADDRESS	4247 STACEY RD. EAST		2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	LOVEYJOY, JOHN		3.2 NAME
STREET ADDRESS	6408 SAN JOSE BLVD.		3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP
TITLE	DT	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	PACE, A. RAY		4.2 NAME
STREET ADDRESS	9365 PHILLIPS HIGHWAY		4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP
TITLE	S	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	CIMINO, FAITH		5.2 NAME
STREET ADDRESS	208 S.R. 312		5.3 STREET ADDRESS
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (9/96)

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.

SIGNATURE: Faith E. Cimino Faith E. Cimino 3/17/97 9047945337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #