**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J65773 1. Corporation Name

PINNACLE REALTY SERVICES, INC.

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90033 008 \*\*\*150.00



| Principal Place of  | of Business    |                                       | Mail             | ing Address                                   |               |   |                     | 1 (40)                          | ((                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |                                     | •••                    |
|---|----------------|---------------------------------------|------------------|---|---------------|---|---------------------|---------------------------------|-------------------------------|---|----------------------|-------------------------------------|------------------------|
| 241 RIVER VILLAGE DR DEBARY FL 32713 US  241 RIVER VILLAGE DR DEBARY FL 32713 US                      |                |                                       |                  |   |               |   |                     | DO NOT WRITE IN THIS SPACE      |                               |   |                      |                                     |                        |
|   |                |                                       |                  |   |               |   |                     | 3. Date Inco                    | •                             | Qualifed                                |                      |                                     |                        |
|   |                |                                       |                  |   |               |   | _                   | 03/31/                          |                               |   |                      | т.                                  |                        |
| 2. Principal Place of Business 21. 36 S. US + Gtway 17-926 36 S. US + U |                |                                       |                  |   |               | 17-9  | a                   | 4. FEI Num<br>59-280            |                               |   | . <del></del>        | Not                                 | Applicable             |
| Suite, Apt. #,  |                |                                       |                  | 5. Certifcate                                 | of Status D   | Desired   |                     | \$8.75 A<br>Fee Rec             | quired                        |   |                      |                                     |                        |
| City & State  | 3ARY           | FL                                    | 28               | City & State  DE BAEY                         | F             |   |                     |                                 | nd Contribut                  | ion                                     |                      | \$5.00 (<br>Added to                |                        |
| Zip<br>B みご   | 112 —          | Country                               | <b>⊢</b> -¬      | <sup>Zip</sup> ろみついる                          | Coun          | ÜS  |                     | 8. This corp                    |                               |   | nt year I            |                                     | □No                    |
| 24 20   |                | US                                    | 29               | ·   | 30            |   |                     | Personal<br>10. Name al         | Property Ta                   |   | eaistere             |                                     |                        |
|   | 9. Name and    | d Address of Cu                       | irrent Registe   | ered Agent                                    |               | B1 Name   | 1                   | 10. Name al                     | Audiess                       | OI INCH IN                              | 1                    | a Agoin                             |                        |
| GRAY.   | , J. CHARLES   | S                                     |                  | •   | Ĺ             | ·   | 70H                 | 46.                             | (DIC)                         |   | IR.                  | <u>. '</u>                          |                        |
| 201 E. PINE ST  |                |                                       |                  |   |               | 82 Street Address (P.O. Box Number is Not Acceptable) 17-92 |                     |                                 |                               |   |                      |                                     |                        |
| SUITE 1200<br>ORLANDO FL 32801  |                |                                       |                  |   |               | <sup>83</sup> S(  | urt                 | E 10                            | ٥                             |   |                      |                                     |                        |
|   |                |                                       |                  |   |               | 84 City   | EE                  | SARY                            | 3                             |   | F                    |                                     |                        |
| l office or rec   | nietorod anont | or both in the S                      | tate of Florida  | 7.1508, Florida Statut<br>. Such change was a | utnonzea      | ov ine comor  | corpora<br>ration's | ition submits<br>s board of dir | this stateme<br>ectors. I her | ent for the preby accept                | ourpose<br>t the app | of changing its<br>pointment as reg | registered<br>gistered |
| agent. I am   | familiar with, | and accept the                        | bligations of, S | Section 607.0505, Flo                         | rida Ştatu    | es.   |                     |                                 | 0                             |   | 2                    | lactor                              |                        |
| SIGNATURE   | t-1            | hi/I                                  | us               |   | 704           |   | ZPA-                | <u>s, JR.</u>                   | resu                          | D ENT                                   | - 0475               | 190177                              |                        |
| Signature if ped or printed name of registered agegrand title if applicable. (NOTE: Ro                |                |                                       |                  |   |               | Agent signature rec   | equired wi          |                                 | IS/CHANGE                     | S TO OFF                                | ICERS                | AND DIRECTO                         | RS IN 12               |
| 12.   | PST            | OFFICER                               | S AND DIREC      | DELETE  | 13.<br>1.1 BD | F   |                     | ADDITIO                         | 13/011/4101                   | -0 10 011                               | JOE NO               | Change                              | Addition               |
| I I   | GRAY, JOHN     | I C IB                                |                  | CJ 5022.                                      | 1.2 NAJ       |   |                     |                                 |                               |   |                      | • •                                 |                        |
|   | 241 RIVER V    |                                       |                  |   |               |   | 36                  | S. US                           | Huse                          | (7.4                                    | 7 <b>a</b>           | SUITEI                              | 00                     |
| l i.  | DEBARY FL      |                                       |                  |   |               | Y-ST-ZIP  |                     | BARY                            | Fi                            |   | มั่นร                |                                     |                        |
| CITY-ST-ZIP   | DEDAMI IL      | 327 13                                |                  | ☐ DELETE                                      | 2.1 TIII      | 1   |                     | <u>. 10</u>                     |                               |   | V                    | Change                              | Addition               |
| NAME  |                |                                       |                  | <b>,</b>                                      | 2.2 NA        |   |                     |                                 |                               |   |                      |                                     |                        |
| - STREET ADDRESS  |                | _                                     |                  |   |               | REET ADDRESS  |                     |                                 |                               |   |                      |                                     |                        |
| l l'  | مهرد جسد       | · · · · · · · · · · · · · · · · · · · | ، سست            | renter and reco                               |               | Y-ST-ZIP  |                     |                                 |                               |   | _                    |                                     |                        |
| CITY-ST-ZIP<br>TITLE  |                |                                       |                  | ☐ DELETE                                      | 3.1 1111      |   |                     |                                 |                               |   |                      | ☐ Change                            | Addition               |
| NAME  |                |                                       |                  |   | 3.2 NA        |   |                     |                                 |                               |   |                      |                                     |                        |
| STREET ADDRESS  |                |                                       |                  |   |               | REET ADDRESS  |                     |                                 |                               |   |                      |                                     |                        |
| CITY-ST-ZIP   |                |                                       |                  |   |               | Y-ST-ZIP  |                     |                                 |                               |   |                      |                                     |                        |
| TITLE   |                |                                       |                  | ☐ DELETE                                      | 4.1 TITI      |   |                     |                                 |                               |   |                      | Change                              | ☐ Addition             |
| NAME  |                |                                       |                  |   | 4. 2 NA       | ME  |                     |                                 |                               |   |                      |                                     |                        |
| STREET ADDRESS  |                |                                       |                  |   | 4.3 STF       | REET ADDRESS  |                     |                                 |                               |   |                      |                                     |                        |
| CITY-ST-ZIP   |                |                                       |                  |   | 4.4 CIT       | Y-ST-ZIP  |                     |                                 |                               |   |                      |                                     |                        |
| TITLE   |                |                                       |                  | ☐ DELETE                                      | 5.1 TITI      |   |                     |                                 |                               |   |                      | ☐ Change                            | ☐ Addition             |
| NAME  |                |                                       |                  |   | 5.2 NA        | ΜE  |                     |                                 |                               |   |                      |                                     | [                      |
| STREET ADDRESS  |                |                                       |                  |   | 5.3 STF       | REET ADDRESS  |                     |                                 |                               |   |                      |                                     |                        |
| CITY-ST-ZIP   |                |                                       |                  |   | 5.4 CIT       | Y-ST-ZIP  |                     |                                 |                               |   |                      |                                     |                        |
| TITLE   |                |                                       |                  | ☐ DELETE                                      | 6.1 TIT       | E   |                     |                                 |                               |   |                      | [] Change                           | ☐ Addition             |
| NAME  |                |                                       |                  |   | 6.2 NA        | ME  |                     |                                 |                               |   |                      |                                     |                        |
| STREET ADDRESS  |                |                                       |                  |   | 6.3 STF       | REET ADDRESS  |                     |                                 |                               |   |                      |                                     |                        |
| CITY-ST-ZIP   |                |                                       |                  |   | 6.4 CIT       | Y-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, on an attachment with an address, with all other like empowered.

SIGNATURE: つ