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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J77682

1. Corporation Name
PINE RIDGE HOLDING GROUP, INC.

Principal Place of Business
2450 NORTH CITRUS HILLS BLVD.
HERNANDO FL 34442
US

Mailing Address
2450 NORTH CITRUS HILLS BLVD.
HERNANDO FL 34442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1987

4. FEI Number

59-2813788

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

ABEL, ERIC D ESO
2450 NORTH CITRUS HILLS BLVD.
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2476 N. ESSEX AVENUE

83

84 City

FL

85 Zip Code

34442

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 TO ☐ DELETE
NAME PASTOR, JOHN
STREET ADDRESS 2050 N. BRENTWOOD CIR.
CITY-ST-ZIP LECANTO FL

TITLE PD ☐ DELETE
NAME TAMPOSI, STEPHEN A.
STREET ADDRESS 2450 N CITRUS HILLS BLVD
CITY-ST-ZIP HERNANDO FL

TITLE D ☐ DELETE
NAME NASH, GERALD Q
STREET ADDRESS 40 TEMPLE STREET
CITY-ST-ZIP NASHUA NH 03060

TITLE SD ☐ DELETE
NAME SPENCE, SUZANNE
STREET ADDRESS 2050 N. BRENTWOOD CIRCLE
CITY-ST-ZIP LECANTO FL

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 2476 N. ESSEX AVENUE
1.4 CITY-ST-ZIP HERNANDO, FL 34442

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2476 N. ESSEX AVENUE
2.4 CITY-ST-ZIP HERNANDO, FL 34442

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 2476 N. ESSEX AVENUE
4.4 CITY-ST-ZIP HERNANDO, FL 34442

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN A TAMPOSI

Date

Daytime Phone #

4-22-99 352-746-6066

CR2E034 (11/98)