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

1. Corporation	MENT # J8243(T PINES CONSTRUCTION O	(-)				ii 800 8000 81811 8181 8180 81	
 Principal Place	of Business	Mailing Address				II ab ir diali didii dibii dibii di	
1399 PRIMRO		1399 PRIMROSE LANE					
P. O. BOX 544 MIDDLEBURG FL 32050-0544		P. O. BOX 544	P. O. BOX 544 MIDDLEBURG FL 32050-0544				
***************************************	3 7 2 32330 5377	MIDDLEGONG FE 3200	U-UJ44		3. Date Incorporated or Qualified	3a. Date of Last Repo	
2. Principal Pla	you of Business	On Mailing Address			07/13/1987 4. FEI Number	02/14/1995	
21	ice of business	2a. Mailing Address			59-2792779	<u> </u>	plied For t Applicable
	Suite, Apt. #, etc Suite, Apt. #, e					- \$8.75 △	
22	2 27				5. Certificate of Status Desired	Fee Red	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	1 0	····	Trust Fund Contribution	Added to	
ΖΙρ 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s 19 s ∭No	} 9.032,
- 1	9. Name and Address of Current	L L	130		10. Name and Address of New I		
			81	Name			
BLOOMER, GEORGE			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)	
2360B BLANDING BLVD							
MIDDLE	BURG FL 32068		83				
			84	City		FL 85 Zip C	Code
or registere familiar wit SIGNATURE	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Social Signature, types or protect name of representables to	a. Such change was authorize on 607.0505, Florida Statutes.	is, the above-red by the corporate for the corpo	oration's boai	ration submits this statement for the purific of directors. I hereby accept the app	rpose of changing its regionintment as registered ag	istered office gent. I am
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		S IN 12
1:111	P	☐ DELETE	1 1 TITLE			Change [Addition
NAM!	LECHNER, THOMAS		1.2 NAME				
STREET ADDRESS	1399 PRIMROSE LANE		1.3 STREET				
CODY-S1-ZIE TOLE	MIDDLEBURG FL ST	DELETE	1.4 CHY-S 2 1 THE	I-ZIP		[Change [Addition
NAME	LECHNER, ANA MARIA B.		2 2 NAME			Change [Nagriphi
STREET ADDRESS	1399 PRIMROSE LANE		23 STREET ADDRESS				
CHY-ST-Zift	MIDDLEBURG FL.		24 CITY-ST-ZIP				
THE	D	DELETE	3 1 THTLE			Change [Add:tion
NAME	Lechner, anita maria B.		3.2 NAME				
STREET ADDRESS	1399 PRIMROSE LANE		33 STREET	ADDRESS			
Crity - ST - ZiP	MIDDLEBURG FL	F3 DELETE	3 4 CITY - S	T-ZIP			m vare
TIELE NAME		☐ DELETE	4 1 TITLE			Change [Addition
STREET ADORESS			4.2 NAME 4.3 STREET	ADDRESS			
CITY-ST ZIF			4.5 STREET				
TIFLE	• • • • • • • • • • • • • • • • • • • •	☐ DELETE	5 1 TITLE	-		Change [Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIP		Fil becese	54 CITY · S	T - ZIP			
TITLE		DELETE	6 1 TITLE			Change [Addition
NAME SEREET ADDRESS			6.2 NAME	ADDOCCO			
COTY - ST- ZIP			6 3 STHEET 6 4 CITY-S				
14. I do hereb	i y certify that the information supplied w	ith this filing is voluntarily furni	shed and does	s not qualify fo	or the exemption stated in Section 119	.07(3)(k), Florida Statutes.	. I further
certify that oath, that I appears in	the information indicated on this annual ani an officer or director of the corpor Block 12 or Block 13 if changed, or or	al report or supplemental appu ation or the receiver or trustles an attachment with an addre	ual report is tru e empowered t ess.	e and accura to execute thi	ate and that my signature shall have the s report as required by Chapter 607, F	same legal effect as if ma lorida Statutes; and that r	ade under ny name

SIGNATURE:

SIGNATURE AND TYPED ON WHINTED NAME OF SIGNING OF PAGE HOR DIRECTOR

1-25-96 (904)282-9143