

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **K02968 (1)**

1. Corporation Name
PINE HOLLOW CONSTRUCTION CORP.



Principal Place of Business: **522 PINE HOLLOW CIRCLE, P.O. BOX 1863, ENGLEWOOD FL 34223 US**
Mailing Address: **P.O. BOX 1863, P.O. BOX 1863, ENGLEWOOD FL 34295 US**

3. Date Incorporated or Qualified: **11/12/1987**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **65-0012841**
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 (21-24) and Mailing Address (2a-26) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: **SIGMUND, PAMELA J., 522 PINE HOLLOW CIRCLE, ENGLEWOOD FL 34295**
10. Name and Address of New Registered Agent: **81 Name: Richard Hazen; 82 Street Address: 227 Pensacola Road; 83; 84 City: Venice, FL; 85 Zip Code: 34285**

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: *Richard Hazen* (Signature) **4/22/96** (Date)
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D/S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAZEN, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 227 PENSACOLA RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL 34285 <i>change</i> | 1.4 CITY-ST-ZIP | |
| TITLE | D/T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DECOLA, JOSEPH R. | 2.2 NAME | |
| STREET ADDRESS | 2000 S. OCEAN BLVD, 7-E | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL <i>change</i> | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOWHOT, MICHAEL B | 3.2 NAME | |
| STREET ADDRESS | 44 BROWN | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

D/P MOWHOT, Richard P, 2633 W. LANTANA Rd, LANTANA, FL 33462
Mowhot, Lee (VP), 3136 Campbell St., SARASOTA, FL 34239

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: *Richard Hazen* (Signature) **Richard Hazen** (Name) **4/22/96** (Date) **941-484-2658** (Phone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)