

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K02968

(1)

1. Corporation Name

PINE HOLLOW CONSTRUCTION CORP.



Principal Place of Business

Mailing Address

522 PINE HOLLOW CIRCLE  
P.O. BOX 1863  
ENGLEWOOD FL 34223  
US

P.O. BOX 1863  
P.O. BOX 1863  
ENGLEWOOD FL 34285-1863  
US

3. Date Incorporated or Qualified  
11/12/1987

3a. Date of Last Report  
04/25/1996

4. FEI Number

65-0012841

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIGMUND, PAMELA J.  
522 PINE HOLLOW CIRCLE  
ENGLEWOOD FL 34295

81 Name

James Burgess

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

1776 Ringling Blvd.

83

84 City

Sarasota

FL

85 Zip Code

34236

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

*James H. Burgess, Jr.*

James H. Burgess, Jr.

2-14-97

Signature of typed or printed name of registered agent or officer or director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HAZEN, RICHARD  
227 PENSACOLA RD  
VENICE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
DECOLA, JOSEPH R.  
2000 S. OCEAN BLVD, 7-E  
POMPANO BEACH FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MOUHOT, RICHARD P  
2633 W LANTANA RD  
LANTANA FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MOUHOT, LEE  
3136 CAMPBELL ST  
SARASOTA FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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:

*Richard J. Hazen* Richard J. Hazen

2/20/97

941-484-2658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0430620

CR2E034 (9/96)