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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

DOCUMENT # K28295

(9)

## PINNACLE FINANCIAL CORPORATION

Principal Plac	e of Business	Mailing Address			L HOREOGE DEN HORE OFFIE HERER HELDE	SAMAN DIRIN BARAN BARAN BARAN DARIN KARTA	
1500 LEE ROAD 200 ORLANDO FL 32810		P.O. BOX 676					
US					3. Date Incorporated or Qualified 07/07/1988	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	r
21		26 1500 LEE	<u>Ro</u>	AD	59-2898269	Not Applica	able
Suite, Apt	#, etc	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75 Additional	al l
[22]		27 SUITE 3	100	<u> </u>		Fee Required	
City & State	2 MA 1 1 1 MAN 1 1 1 MAN 2 MAN 2 MAN 1 MAN 2 MAN	Cily & State 28 URLANDO	F	<u></u>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip 2201	Country		8. This corporation has liability for in		2,
24	25 9. Name and Address of Current	29 328/0 3	OK	ANGE	Florida Statutes  10. Name and Address of New Reg	Yes No	
		negisteren Agent	81	Name	10. Name and Address of New Neg	istered Agent	
	IG, DOUGLAS F.		Ľ.	Name			
	LEE RD		82	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)	
S200	u ANDO FL 32810		83				
Uni	ANDO PL 32010						
			84	City		FL 85 Zip Code	
11. Pursuant office or nagent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accord the obliga	and 607,1508, Florida Statutes of Florida, Such change was aut tions of, Section 607,0505, Florid	the above horized by da Statute	e-named corpo y the corporatio s.	ration submits this statement for the punis board of directors. I hereby accep	rpose of changing its register the appointment as registered	red ed
SIGNATURE							
	Segretorial rypind or printed name of registered agen	t and title it applicable (NOTE: F		ent signature required	<del>-</del> -	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TILE	D	☐ DELETE	1.1 TITLE			Change Add	lition
NAME	VRATANINA, JEFFREY J.		1.2 NAME				
STREET ADDRESS	1037 LOVE LN		1.3 STREET	r address			- 1
CITY - S1 - ZIP	APOPKA FL	Doctor	1.4 CITY - 5	ST-ZIP			
TILE	D	DELETE	2.1 TITLE	1		Change L. Add	lition
NAME	LONG, DOUGLAS F.		22 NAME				
STREET ADDRESS	12540 PARK AVE		2.3 STREET				
CHY-S1-ZIP	WINDERMERE FL.	DELETE	2 4 CITY-	ST-ZIP		Change Add	dition
Title NAME	o Long, Brenda	ELI DECETE	3 1 TITLE 32 NAME			La Change La Add	HUUH
STREET ADDRESS	12540 PARK AVE		3.3 STREET	r annacee			
CITY - ST - ZIP	WINDERMERE FL						
Tilli	0	DELETE	3.4. CITY- 4.1 TITLE	31- ZIF		Change Add	dition
NAMÉ	VRATANINA, LISA M.		4. 2 NAME				
STREET ADDRESS	1037 LOVE LANE		43 STREET	1			
CITY-S1-ZIP	APOPKA FL		4.4 CITY-5				
THTLE	and the Market State of Market and the constant of the second of the sec	DELETE	5.1 TITLE		***************************************	☐ Change ☐ Add	lition
NAMÉ			52 NAME				
STREET ADDRESS			5.3 STREET	ADDAESS			
CITY-S1-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE			Change Add	Jition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS		,	
0.7.4 63 700			I				

14. I do noreby 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.

3-3-97