FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K70898 (7)

1. Corporation Name
PINK, INC

Principal Place of Business	Mailing Address
PO BOX 330866 N/A ATLANTIC BEACH FL 32233-0866 US	PO BOX 330866 N/A ATLANTIC BEACH FL 32233-0866 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2934961 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMPSON, JOHN, A, III, P.A.
1719 BLANDING BLVD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Herman, Carolyn
82 Street Address (P.O. Box Number is Not Acceptable): 1831 N. 3rd St.
83
84 City: Jacksonville Bch FL 85 Zip Code: 32250

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: Carolyn Herman — 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☐ Change ☑ Addition
NAME	SAMPSON, SHERRY	1.2 NAME	Sherry Sampson	
STREET ADDRESS	124 MILLS LN.	1.3 STREET ADDRESS	124 Mills Lane	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	1.4 CITY-ST-ZIP	Jacksonville Bch., FL 32250	
TITLE	D	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	SPRATT, GAIL	2.2 NAME	John Sampson	
STREET ADDRESS	221 SAN JUAN DR	2.3 STREET ADDRESS	124 Mills Lane	
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	Jacksonville Bch., FL 32250	
TITLE	ST	3.1 TITLE	S/D	☐ Change ☑ Addition
NAME	BRINKLEY, GINNY	3.2 NAME	Ginny Brinkley	
STREET ADDRESS	1792 SEA OATS DR.	3.3 STREET ADDRESS	1792 Sea Oats Dr.	
CITY-ST-ZIP	ATLANTIC BCH. FL	3.4 CITY-ST-ZIP	Atlantic Bch., FL 32233	
TITLE		4.1 TITLE	T/D	☑ Change ☐ Addition
NAME		4.2 NAME	Bill Brinkley, Sr.	
STREET ADDRESS		4.3 STREET ADDRESS	1792 Sea Oats Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlantic Bch., FL 32233	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Ginny Brinkley Ginny Brinkley 4/24/95 904/246-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0400832 FP