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May 01 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 # K70898 (7)

1. Corporation Name  
PINK, INC

Principal Place of Business  
124 MILLS LANE  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address  
124 MILLS LANE  
JACKSONVILLE BEACH FL 32250-5820  
US



3. Date Incorporated or Qualified 03/07/1989  
3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

4. FEI Number 59-2934961  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERMAN, CAROLYN ESQ.  
1831 N. 3RD STREET  
JACKSONVILLE BEACH FL 32250

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 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	PD	1.1 TITLE	
NAME	SAMPSON, SHERRY	1.2 NAME	
STREET ADDRESS	124 MILLS LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	SAMPSON, JOHN	2.2 NAME	
STREET ADDRESS	124 MILLS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BRINKLEY, GINNY	3.2 NAME	
STREET ADDRESS	1792 SEA OATS	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BRINKLEY, BILL	4.2 NAME	
STREET ADDRESS	1792 SEA OATS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 4/25/97 246-2454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: 904/

CR2E034 (9/96)