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Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K70898
1. Corporation Name
PINK, INC

(7)



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

Mailing Address
124 MILLS LANE
JACKSONVILLE BEACH FL 32250
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1020 Kings Rd.
Suite, Apt. #, etc.
22
City & State
23 Neptune Beach FL
Zip Country
24 32266 25 USA

2a. Mailing Address
26 PO Box 330866
Suite, Apt. #, etc.
27
City & State
28 Atlantic Beach FL
Zip Country
29 32233 30 USA

3. Date Incorporated or Qualified
03/07/1989

4. FEI Number
59-2834961

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HERMAN, CAROLYN ESQ.
1831 N. 3RD STREET
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

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

TITLE PD
NAME SAMPSON, SHERRY
STREET ADDRESS 124 MILLS LN.
CITY-ST-ZIP JACKSONVILLE BCH. FL

TITLE VD
NAME SAMPSON, JOHN
STREET ADDRESS 124 MILLS LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE SD
NAME BRINKLEY, GINNY
STREET ADDRESS 1792 SEA OATS
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE TD
NAME BRINKLEY, BILL
STREET ADDRESS 1792 SEA OATS DRIVE
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SAMPSON, SHERRY
1.3 STREET ADDRESS 1020 KINGS RD.
1.4 CITY-ST-ZIP NEPTUNE BEACH, FL 32266

2.1 TITLE VD
2.2 NAME SAMPSON, KRISTOFER
2.3 STREET ADDRESS 1020 KINGS RD.
2.4 CITY-ST-ZIP NEPTUNE BEACH, FL 32266

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32233

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 32233

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

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

14. I 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: Herman Brinkley, GINNY BRINKLEY 4/14/98 904/246-2454

CR2E034 (10/97)