

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

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 APR 14 PM 2:40

DOCUMENT # L14452 (1)

**1. Corporation Name
INDIAN PINES II, INC.**



MK 4/14/98
DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**C/O JOHN M. CURTIS
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607**

**C/O JOHN M. CURTIS
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CURTIS, JOHN M
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607**

3. Date Incorporated or Qualified

09/08/1989

4. FEI Number

59-2963375

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.**

☒ Yes ☐ No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **CURTIS, JOHN M.**
STREET ADDRESS **11635 N.W. 1ST AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VO** ☐ DELETE
NAME **CURTIS, GAIL W.**
STREET ADDRESS **11635 N.W. 1ST AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VO** ☐ DELETE
NAME **HODOR, HOWARD**
STREET ADDRESS **502 N.W. 75TH ST. #356**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **S** ☐ DELETE
NAME **BERMAN, WALTER**
STREET ADDRESS **2003 S.E. 17TH ST., SUITE B**
CITY-ST-ZIP **OCALA FL 32671**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

John M. Curtis

04/09/98

352-332-0838

CR2E034 (10/97)