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

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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

99 APR 12 PM 3:25

DOCUMENT # **L14452**

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

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOHN M. CURTIS<br>11635 N.W. 1ST AVENUE<br>GAINESVILLE FL 32607 | C/O JOHN M. CURTIS<br>11635 N.W. 1ST AVENUE<br>GAINESVILLE FL 32607 |

DO NOT WRITE IN THIS SPACE

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 the current year Intangible Personal Property Tax **XX** Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip / Country | Zip / Country |
| 24 / 25 | 29 / 30 |

9. Name and Address of Current Registered Agent

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

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 must sign in box 11) Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PTD | [ ] DELETE | 11 TITLE | [ ] Change [ ] Addition |
| NAME | CURTIS, JOHN M. | | 12 NAME | |
| STREET ADDRESS | 11635 N.W. 1ST AVE. | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | | 14 CITY-ST-ZIP | |
| TITLE | VD | [ ] DELETE | 21 TITLE | [ ] Change [ ] Addition |
| NAME | CURTIS, GAIL W. | | 22 NAME | |
| STREET ADDRESS | 11635 N.W. 1ST AVE. | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | | 24 CITY-ST-ZIP | |
| TITLE | VD | [ ] DELETE | 31 TITLE | [ ] Change [ ] Addition |
| NAME | HODOR, HOWARD | | 32 NAME | |
| STREET ADDRESS | 502 N.W. 75TH ST. #356 | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | | 34 CITY-ST-ZIP | |
| TITLE | S | [ ] DELETE | 41 TITLE | [ ] Change [ ] Addition |
| NAME | BERMAN, WALTER | | 42 NAME | |
| STREET ADDRESS | 2603 S.E. 17TH ST., SUITE B | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL 32671 | | 44 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 51 TITLE | [ ] Change [ ] Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | [ ] DELETE | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

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BK
4/12/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(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, with all other like empowered.

**SIGNATURE:** _____ John M. Curtis 03/29/99 352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (11/98)