

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L30728 (4)

1. Corporation Name

PINNACLE INVESTMENT PARTNERS II, INC.

95 APR -4 AM 10:40

Principal Place of Business

**C/O WILLIAM A. BOYLES
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32801**

Mailing Address

**C/O WILLIAM A. BOYLES
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/17/1989

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2994173

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYLES, WILLIAM A.
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32801**

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	PO
NAME	GRAY, JOHN C. JR.
STREET ADDRESS	283 BAYOU CIR.
CITY - ST - ZIP	DEBARY FL
TITLE	S
NAME	GRAY, J CHARLES
STREET ADDRESS	201 E PINE ST, 1200
CITY - ST - ZIP	ORLANDO FL
TITLE	VPT
NAME	KENT, LARRY
STREET ADDRESS	201 E PINE ST 1200
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	KENT, LARRY
STREET ADDRESS	201 E PINE ST 1200
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	239 River Village Drive
1.4 CITY - ST - ZIP	
2.1 TITLE	VP/D ☒ 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	Delete Entry
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	Delete Entry
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	S/T/D
5.3 STREET ADDRESS	Gray, Sandra H.
5.4 CITY - ST - ZIP	263 Bayou Circle
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	DeBary, FL 32713
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 110.07(2)(b), 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 member 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. GRAY, JR.

3-21-95

407-668-6600