

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L43014

(4)

1. Corporation Name

PINNACLE REALTY GROUP, INC.

FILED

95 AUG -8 AM 10:10

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

Mailing Address

**351 6TH AVE WEST
BRADENTON FL 34205
US**

**351 6TH AVE WEST
BRADENTON FL 34205
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/16/1990

04/11/1994

4. FEI Number

59-3001971

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**

7. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes ☒ 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

10. Name and Address of New Registered Agent

**SEARCY, HERMAN
357 6TH AVE W
BRADENTON FL 34205**

81 Name

Thomas H. Wolf

82 Street Address (P.O. Box Number is Not Acceptable)

351 6th Avenue West

83

84 City

Bradenton

FL

85 Zip Code

34205

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

Thomas H. Wolf

(NOTE: Registered Agent signature required when nominating)

August 4, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STD

NAME

SEARCY, HERMAN

STREET ADDRESS

351 6TH AVE WEST

CITY - ST - ZIP

BRADENTON FL

11 TITLE

STD

12 NAME

Thomas H. Wolf

13 STREET ADDRESS

351 6th Avenue West

14 CITY - ST - ZIP

Bradenton, FL 34205

TITLE

P

NAME

KESTEN, RICHARD

STREET ADDRESS

351 6TH AVE WEST

CITY - ST - ZIP

BRADENTON FL

21 TITLE

P

22 NAME

Michel K. Mikkola

23 STREET ADDRESS

351 6th Avenue West

24 CITY - ST - ZIP

Bradenton, FL 34205

TITLE

D

NAME

Newsome, John

STREET ADDRESS

351 6th Avenue West

CITY - ST - ZIP

Bradenton, FL 34205

31 TITLE

D

32 NAME

Doyle, Michael

33 STREET ADDRESS

351 6th Avenue West

34 CITY - ST - ZIP

Bradenton, FL 34205

TITLE

D

NAME

Doyle, Michael

STREET ADDRESS

351 6th Avenue West

CITY - ST - ZIP

Bradenton, FL 34205

41 TITLE

D

42 NAME

Doyle, Michael

43 STREET ADDRESS

351 6th Avenue West

44 CITY - ST - ZIP

Bradenton, FL 34205

TITLE

D

NAME

Doyle, Michael

STREET ADDRESS

351 6th Avenue West

CITY - ST - ZIP

Bradenton, FL 34205

51 TITLE

D

52 NAME

Doyle, Michael

53 STREET ADDRESS

351 6th Avenue West

54 CITY - ST - ZIP

Bradenton, FL 34205

TITLE

D

NAME

Doyle, Michael

STREET ADDRESS

351 6th Avenue West

CITY - ST - ZIP

Bradenton, FL 34205

61 TITLE

D

62 NAME

Doyle, Michael

63 STREET ADDRESS

351 6th Avenue West

64 CITY - ST - ZIP

Bradenton, FL 34205

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(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas H. Wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Wolf

August 4, 1995

941-747-8788

Date

Telephone #