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**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name

L52486

(2)

RARN	JES	PINE	STRAW.	INC.

RT. 1. BOX 1845 O'BRIEN FL 32071  RT. 1. BOX 1845 O'BRIEN FL 32071  3. Date incorporated or Qualified O2/2 1/1990 O5/01/1995  2. Principal Place of Business 2a. Making Address 2b. Making Address 2c. Principal Place of Business 2a. Making Address 2b. Making Address 2c. Principal Place of Business 2c. Principal Place of Status Desired 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc.		ES PINE STRAW, INC.							
Principal Place of Blushness   2a    Mining Address   4	RT. 1. BOX	1845							
Suite, Apt. #, etc.						•			
Solicity Act   Report   Solicity Act   Solicity   Sol	2. Principal Pla	ce of Business	2a. Mailing Address				L	Applied For	
27	21		26			59-2985857		Not Applicable	
City & State     City & State   City & State     City & State     City & State     City & State		, etc.	1	Suite, Apt. #, etc.		T 9. Gerpicate di otatus desired 1 1			
20						6 Election Campaign Financing	·		
Zo	<del></del>		}				1 1		
10. Name and Address of New Registered Agent	<u> </u>	Country	Zip	Countr	у	8. This corporation has liability for in			
COLLINS, STEVEN W. 325 S. OHIO AVE. LIVE OAK FL 32060    11. Pursuant to the provisions of Sections 607/0502 and 607/1503. Points Statutes   12.	24	25	29	30		Florida Statutes	□No		
22   Sheel Address   F.O. Box Number is Not Acceptable		9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	egistered Agent		$\Box$
225 S. OHIC AVE.   LIVE OAK FL 32080				8	l Name				
11. Pursuant to the provisions of Sections 607 0502 and 607.1506, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered diffice or registered agent, or both, in this State of Fix-do. Such change was authorized by the corporation submits his statement for the purpose of changing its registered diffice or registered agent, or both, in this State of Fix-do. Such change was authorized by the corporation submits his statement for the purpose of changing its registered agent. I am change agent application of Section 607 0506, Fiorize Statutes   SIGNATURE				8:	2 Street Add	dress (P.O. Box Number is Not Acceptable	e)		1
### City ### ### ### ########################									_
1. Pursuant to the provisions of Sections 607.05.02 and 607.15.02. Pinited Statutes. the above-hamed corporation submits his statement for the purpose of changing its registered of fice of Section 607.05.05. Pinited Statutes. The corporation's board of directors. Therefore, was politicistically the corporation's board of directors. Therefore, accept the appointment as registered agent. I am statement for the purpose of changing its registered of fice of Section 607.05. Pinited Statutes.    SIGNATURE	LIVE O	AK FL 32060		°	1				
11. Pursuant to the provisions 607 of 02 and 607 1508, Princial Statutes the above-named croporation submits his statement for the purpose of changing the registered office or registered again, in bits, the 15tate of Prick 15 Such registered statutes and accept the obligations of Section 607 0506, Princial Statutes   SIGNATURE				84	City		F1 85 Z	ip Code	
12	or registere	ed agent, or both, in the State of Flori	da. Such change was authori.	zed by the cor	-named corpo poration's bo	oration submits this statement for the purp and of directors. Thereby accept the appo	pose of changing its	registered office d agent. Lam	و ا
13.   ADMITTONS/CHANGES TO OFFICERS AND DIFECTORS IN 12   20   20   20   20   20   20   20	SIGNATURE								
NAME   BARNES, JANET   22 NAME   275TREET ADDRESS   717-A BOX 1945   725TREET ADDRESS   74271   14 y 247   725TREET ADDRESS   74271   14 y 247   725TREET ADDRESS	· ·· · · · · · · · · · · · · · · · · ·				o " bigitalitike të qur			ORS IN 12	⊣&
NAME   BARNES, JANET   22 NAME   275TREET ADDRESS   717-A BOX 1945   725TREET ADDRESS   74271   14 y 247   725TREET ADDRESS   74271   14 y 247   725TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	<del></del>			· 1				12
NAME   BARNES, JANET   22 NAME   275TREET ADDRESS   ACTIVE ST-ZIP   O'BRIEN FL   DELETE   3 1 THLE   DELETE   4 1 THLE   DELETE   DELETE   5 1 THLE   DELETE   DELETE   5 1 THLE   DELETE   DELETE   DELETE   5 1 THLE   DELETE   DE	NAME	BARNES, JERRY L.		1.2 NAME		24201 Huy 240			*
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NAME   BARNES, JANET   22 NAME   275TREET ADDRESS   717-A BOX 1945   725TREET ADDRESS   74271   14 y 247   725TREET ADDRESS   74271   14 y 247   725TREET ADDRESS	CITY - ST - ZIP	O'BRIEN FL		1.4 CITY	ST-ZIP				12
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CITY-ST-ZIP   O'BRIEN FL     DELETE   3 1 TITLE     Change   Addition     NAME     32 NAME     33 STREET ADDRESS     CITY-ST-ZIP     34 CITY-ST-ZIP     Change   Addition     NAME     4 1 TITLE     Change   Addition     NAME     4 2 NAME     4 2 NAME       CITY-ST-ZIP     4 4 CITY-ST-ZIP       TITLE   DELETE   5 1 TITLE     Change   Addition     NAME   STREET ADDRESS   5 STREET ADDRESS       CITY-ST-ZIP   5 4 CITY-ST-ZIP       TITLE   DELETE   5 1 TITLE     Change   Addition     NAME   STREET ADDRESS   5 STREET ADDRESS       CITY-ST-ZIP   5 4 CITY-ST-ZIP       TITLE   DELETE   6 1 TITLE     Change   Addition     NAME   STREET ADDRESS   5 STREET ADDRESS       CITY-ST-ZIP   5 C NAME   Change   Addition     NAME   STREET ADDRESS   5 STREET ADDRESS   CITY-ST-ZIP       Change   Addition     NAME   STREET ADDRESS   5 STREET ADDRESS   CITY-ST-ZIP     Change   Addition   Change   Addition     NAME   STREET ADDRESS   CONTINUE   Change   Addition     Change   Addition   Change   Addition     Change   Chan	NAME					34.501 11 .340			
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CITY_ST_ZIP									
TITLE									
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STREET ADDRESS			<u></u>		i		or ange		
CITY-ST-ZIP	1								
TITLE         DELETE         5 1 TITLE         Change         Addition           NAME         52 NAME         52 NAME	!				ľ				
STREET ADDRESS			DELETE				☐ Change	☐ Addition	-
	NAME			5.2 NAME	-				
TITLE         DELETÉ         6 1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6 3 STREET ADDRESS           CITY-ST-ZIP         6 4 Crty ST-ZIP	STREET ADDRESS			53 STREE	T ADDRESS				
NAME  STREET ADDRESS  CITY-ST-ZIP  6.2 NAME  6.3 STREET ADDRESS  6.4 C/TY-ST-ZIP	CITY-ST-ZIP			5.4 C'TY -	ST-ZiP				
STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 C/TY-ST-ZIP	TITLE		DELETE	6 1 11748			Change	☐ Addition	
CITY-ST-ZIP 64C·TY ST-ZIP	NAME			6.2 NAME	İ				
				6 3 STREE	T ADDRESS				
		codification information and built	Take the Charles of the Control	64C-Tr	ST-ZIP		770011 5		_

certify that the information indicated on this annual report or supplemental annual report is true and accurate and trust 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 accires.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 904-935-0416