

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M73529** (3)

1. Corporation Name

PINE CREST REALTY, INC.

Principal Place of Business

**5750 SOUTHWEST 56 ROAD
OCALA FL 34474
US**

Mailing Address

**5750 SW 64 ST RD
OCALA FL 34474
US**



3. Date Incorporated or Qualified

03/24/1988

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2894759

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 **5750 SW 64 St.Rd.**

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 **Ocala, FL 34474**

Zip

24 **34474**

Country

25 **Marion**

Zip

29 **Marion**

Country

30 **US**

9. Name and Address of Current Registered Agent

**FLOYD, PATRICIA A.
5750 SW 64 ST RD
OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name

FLOYD-ERBY, PATRICIA F.

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

5750 SW 64 St.Rd.

83

Ocala, FL 34474

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **PST** ☐ DELETE

NAME **FLOYD, PATRICIA A.**

STREET ADDRESS **5750 SW 64 ST RD**

CITY-ST-ZIP **OCALA FL**

1.2 TITLE **D** ☐ DELETE

NAME **FLOYD, PATRICIA, A**

STREET ADDRESS **5750 SW 64 ST RD**

CITY-ST-ZIP **OCALA FL**

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PST** ☐ Change ☒ Addition

NAME **FLOYD-ERBY, PATRICIA F.**

1.2 STREET ADDRESS **5750 SW 64 St.Rd.**

1.3 CITY-ST-ZIP **Ocala, FL 34474**

2.1 TITLE **D** ☐ Change ☒ Addition

NAME **FLOYD-ERBY, PATRICIA F.**

2.2 STREET ADDRESS **5750 SW 64 St.Rd.**

2.3 CITY-ST-ZIP **Ocala, FL 34474**

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 STREET ADDRESS

3.3 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 STREET ADDRESS

4.3 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 STREET ADDRESS

5.3 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 STREET ADDRESS

6.3 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 119.07(3)(k), Florida Statutes. I further certify that the information presented 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

CR2E034 (12/95)