

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M92667 (8)

1. Corporation Name
PINYON ENTERPRISES, INC.

Principal Place of Business
6901-A NORTH 9TH AVE.
PENSACOLA FL 32504-6640

Mailing Address
6901-A NORTH 9TH AVE.
PENSACOLA FL 32504-6640



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/01/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2898605	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 or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ADAMS, O.E., JR.
2020 NORTH PALAFOX ST.
PENSACOLA FL 32581

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 700002250747-2
83	-07/28/97-01061-023
84 City	****165.00 ****165.00 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PINYON, RONALD G. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	547 BARKWOOD DR.	1.2 NAME	
STREET ADDRESS	PACE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D PINYON, NINA M. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	547 BARKWOOD DR.	2.2 NAME	
STREET ADDRESS	PACE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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

SIGNATURE

Ronald G. Pinyon

RONALD G. PINYON

7-24-97

0011476-7513

CR2E034 (4/97)

pg 2 of 2

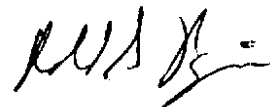
DOCUMENT # M92667

PINYON ENTERPRISES INC

59-2898605

AS PER TELEPHONE CONVERSATION ON
7/21/97 WITH CAROL ANDERSON

I DID NOT RECIEVE THE FIRST NOTICE
AND WAS TOLD BY CAROL TO MAIL THIS
NOTICE ALONG WITH CHECK FOR \$165.00



RONALD G. PINYON