FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08971

1. Corporation Name
PINEWOOD MOBILE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ST PETERSBURG-FLORIDA 33716	10441 GANDY BLVD NE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4-29-85
3a. Date of Last Report:
4. FEI Number: 592669973 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAX L. BROWN
10783 WALNUT ST NE
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City — FL — 65 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOY WALSH D/P 10524 POPLAR ST NE ST PETERSBURG FL 33716	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VICTOR NEUFELD D 10961 POPLAR ST NE ST PETERSBURG FL 33716 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAUNCEY ROSS D/VP 10756 POPLAR ST NE ST PETERSBURG FL 33716	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	ERIC SNELGROVE D 10619 POPLAR ST NE ST PETERSBURG FL 33716 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JANET ZIMBELMAN D/S 10870 POPLAR ST NE ST PETERSBURG FL 33716	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	RAY LYTLE D 10916 POPLAR ST NE ST PETERSBURG FL 33716 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAX L. BROWN D/T 10783 WALNUT ST NE ST PETERSBURG FL 33716	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 600001476736 -05/05/95--01011-001 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NORMAN MARQUIS D 10624 WALNUT ST NE ST PETERSBURG FL 33716	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEONA SCALZO D 10546 WALNUT ST NE ST PETERSBURG FL 33716	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Max L. Brown — 4-27-95 — (813) 576-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAX L. BROWN