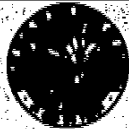


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # N21874 (5)**

1. Corporation Name

**UU IN THE PINES, INC.**

**95 APR 18 PM 11:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**7029 CEDAR LANE  
BROOKSVILLE FL 34801**

**7029 CEDAR LANE  
BROOKSVILLE FL 34801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/04/1987** 3a. Date of Last Report **01/28/1994**

4. FEI Number **59-2845713** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**GAGAN, SUZANNE G  
7029 CEDAR LANE  
BROOKSVILLE FL 34801**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**April 11, 1995**

12. OFFICERS AND DIRECTORS

TITLE	<b>DM</b>
NAME	<b>GAGAN, SUZANNE F</b>
STREET ADDRESS	<b>7023 CEDAR LN</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>
TITLE	<del>DE</del>
NAME	<del>ELFNER, ELLMORE</del>
STREET ADDRESS	<del>P O BOX 10338</del>
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>
TITLE	<b>DV</b>
NAME	<del>HIGHTON, ELIZABETH</del>
STREET ADDRESS	<b>102-24 ROYAL PARK DR</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<del>DP</del>
NAME	<del>RICKER, MARY</del>
STREET ADDRESS	<b>24115 WINDING CREEK DR</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>
TITLE	<del>D</del>
NAME	<b>KING, JOYCE G.</b>
STREET ADDRESS	<b>11815 80TH WAY N.</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DS Smithwick, Mary</b>
2.3 STREET ADDRESS	<b>POB 26</b>
2.4 CITY-ST-ZIP	<b>Delton Springs, FL 32130</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DV Ricker, Mary</b>
3.3 STREET ADDRESS	<b>24115 WINDING CREEK DRIVE</b>
3.4 CITY-ST-ZIP	<b>BROOKSVILLE FL 34801</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DP Highton, Elizabeth</b>
4.3 STREET ADDRESS	<b>102-24 ROYAL PARK DR.</b>
4.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:

*Suzanne Gagan*

Typed name and title of officer or director

**April 11 1995**

Date

Daytime Phone #

**(904) 716-4457**

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