

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 13 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N95000003911 (3)**

1. Corporation Name  
**PINE HILLS ROAD COMMERCE CENTER PROPERTY, INC.**



Principal Place of Business      Mailing Address  
**3200 W COLONIAL DR  
ORLANDO FL 32808**      **3200 W COLONIAL DR  
ORLANDO FL 32808-8023**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/08/1995**      **02/21/1996**

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

4. FEI Number      Applied For  
**59-3349602**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Election Campaign Financing            **\$5.00 May Be Added to Fees**

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ADKINSON, SANDRA  
3200 W COLONIAL DR  
ORLANDO FL 32808**

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 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HEINTZELMAN, ROBERT N</b>
STREET ADDRESS	<b>3200 W COLONIAL DR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>ADKINSON, SANDRA</b>
STREET ADDRESS	<b>3200 W COLONIAL DR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WASHINGTON, ROOSEVELT</b>
STREET ADDRESS	<b>3200 W COLONIAL DR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Heintzelman, Virginia</b>
STREET ADDRESS	<b>3200 W Colonial Dr</b>
CITY-ST-ZIP	<b>Orlando, FL 32808</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Sandra Adkinson*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **F ADKINSON**      **4-16-97**      **407 295-5270**      Date      Daytime Phone # **0016855**

CR2E037 (9/96)