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Aug 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001758 (9)

1. Corporation Name

FISHERMEN'S BOUNTY BOARD OF DIRECTORS OF PINE IS
LAND, INC.

Principal Place of Business

Mailing Address

P.O. BOX 482
BOKEELIA FL 33922

P.O. BOX 482
BOKEELIA FL 33922-0482



3. Date Incorporated or Qualified
03/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIELSON, DAVID
14380 STRINGFELLOW RD
BOKEELIA FL 33922

81 Name SUSAN L. HEDGE
82 Street Address (P.O. Box Number Is Not Acceptable) U.S. FL. LEE COUNTY EXTENSION
83 3406 PALM BEACH BLVD
84 City FT MYERS FL 85 Zip Code 33914

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 DP
NAME CONLEY, SHIRLEY
STREET ADDRESS 5527 EASY ST
CITY-ST-ZIP BOKEELIA FL 33922

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME SPEARING, MARIE
STREET ADDRESS 4760 COURTNEY RD NW
CITY-ST-ZIP ST JAMES CITY FL 33956

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS
NAME NIELSON, DAVID
STREET ADDRESS P.O. BOX 482 N/A
CITY-ST-ZIP BOKEELIA FL 33922

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT
NAME SPEARING, CAROL
STREET ADDRESS 4513 COURTNEY RD
CITY-ST-ZIP ST JAMES CITY FL 33956

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

CR2E037 (9/96)