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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004365

1. Corporation Name
PINE STREET C.O.G.I.C. INCORPORATED

* 5 8 9 6 4 1 *
589641 - 90009 - 6

Principal Place of Business	Mailing Address
P O BOX 442 STARKE FL 32091	P O BOX 442 STARKE FL 32091

2. Principal Place of Business 21 P.O. BOX 442 Suite, Apt. #, etc. 22 City & State 23 STARKE, FL Zip / Country 24 32091 25 Bradford	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 30	3. Date Incorporated or Qualified 07/29/1998 4. FEI Number 59-3365550 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRUM, S OLIVER 999 OLD LAWTEY RD STARKE FL 32091	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SAME 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MERCER, DERRICK L SR		1.2 NAME		
STREET ADDRESS	1715B SW 69TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRUM, SIM O		2.2 NAME		
STREET ADDRESS	999 OLD LAWTEY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL 32091		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRITT, JOSEPH		3.2 NAME		
STREET ADDRESS	P O BOX 122 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAWTEY FL 32058		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MIRA L		4.2 NAME		
STREET ADDRESS	1214 N KELLER ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL 32091		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COVINGTON, VIVIAN		5.2 NAME		
STREET ADDRESS	1226 LARRY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL 32091		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COVINGTON, CLARA M		6.2 NAME		
STREET ADDRESS	1226 LARRY ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL 32091		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: D. Mercer SIGNATURE REQUIRED D. Mercer 2/10/99 (904)964-7898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #