

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P12709 (2)  
1. Corporation Name

HICKORY SHORE LAND CORPORATION



Principal Place of Business: **%GAYLE PIRET, THE FRIARY, INC. 4400 HICKORY SHORE BLVD. GULFBREEZE FL 32561**  
Mailing Address: **1758 ENSENADA DOS PENSACOLA BEACH FL 32561**

3. Date incorporated or Qualified: **12/29/1986**  
3a. Date of Last Report: **08/11/1995**

2. Principal Place of Business: 21 Suite, Apt #, etc; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt #, etc; 27 City & State; 28 Zip; 29 Country; 30  
4. FEI Number: **59-2803367**  
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  
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

**PIRET, GAYLE  
1758 ENSENADA DOS  
PENSACOLA BEACH FL 32561**

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: *Gayle Piret*

Signature typed and printed in name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

0418

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | PD<br>CONAWAY, J. MICHAEL     | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2001 W. MAIN ST.              | 12 NAME   |   |
| STREET ADDRESS             | DOTHAN AL                     | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 14 CITY - ST - ZIP                                    |   |
| TITLE                      | STD<br>OHRSTROM, RICARD R JR. | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 55 LEWIS ST.                  | 22 NAME   |   |
| STREET ADDRESS             | GREENWICH CT                  | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 24 CITY - ST - ZIP                                    |   |
| TITLE                      | DP<br>PIRET, GAYLE            | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1758 ENSENADA DOS             | 32 NAME   |   |
| STREET ADDRESS             | PENSACOLA BEACH FL            | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 34 CITY - ST - ZIP                                    |   |
| TITLE                      | D<br>OHRSTROM, RICHARD R      | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OLD WHITEWOOD, ROUTE 704      | 42 NAME   |   |
| STREET ADDRESS             |                               | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 44 CITY - ST - ZIP                                    |   |
| TITLE                      |                               | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 52 NAME   |   |
| STREET ADDRESS             |                               | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 54 CITY - ST - ZIP                                    |   |
| TITLE                      |                               | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 62 NAME   |   |
| STREET ADDRESS             |                               | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                               | 64 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: *Gayle Piret*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 904-932-2170  
Date Time Phone #

CR2E034 (3/96)