

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23790** (9)

1. Corporation Name

PINE RIDGE INC. OF JACKSONVILLE

Principal Place of Business

780 JOHNSON FERRY ROAD
SUITE 300
ATLANTA GA 30342

Mailing Address

780 JOHNSON FERRY ROAD
SUITE 300
ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/10/1989** 3a. Date of Last Report **02/24/1994**

4. FEI Number **58-1947956** 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

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

2. Principal Place of Business 2a. Mailing Address
21 780 Johnson Ferry Road 26 780 Johnson Ferry Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 250 27 Suite 250
City & State City & State
23 Atlanta, GA 28 Atlanta, GA
Zip Country Zip Country
24 30342 25 USA 29 30342 30 USA

9. Name and Address of Current Registered Agent

CAPITOL CONNECTION, INC.
417 E. VIRGINIA ST, #1
TALLAHASSEE FL 32301

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 that of applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D Address ☒ Change ☐ Addition
NAME	GRAHAM, C.D.	1.2 NAME	Charles D. Graham
STREET ADDRESS	780 JOHNSON FERRY RD,	1.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	S	2.1 TITLE	S Address ☒ Change ☐ Addition
NAME	LEONARD, MARY ELLEN	2.2 NAME	Mary Ellen Leonard
STREET ADDRESS	780 JOHNSON FERRY RD	2.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	V	3.1 TITLE	V Address ☐ Change ☐ Addition
NAME	BEAVERS, BOB	3.2 NAME	Bobby L. Beavers
STREET ADDRESS	780 JOHNSON FERRY RD	3.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE		4.1 TITLE	V ☐ Change ☒ Addition
NAME		4.2 NAME	Susan J. Marsh
STREET ADDRESS		4.3 STREET ADDRESS	780 Johnson Ferry Road, Suite 250
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an addition with an address.

SIGNATURE: *Mary Ellen Leonard* Mary Ellen Leonard

(Signature and typed or printed name of signing officer or director)

404-252-0070

(Date)

(Typed Name)