

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P23790**

(9)

1. Corporation Name
PINE RIDGE INC. OF JACKSONVILLE



Principal Place of Business
**780 JOHNSON FERRY ROAD
SUITE 250
ATLANTA GA 30342
US**

Mailing Address
**780 JOHNSON FERRY ROAD
SUITE 250
ATLANTA GA 30342-1435
US**

3. Date Incorporated or Qualified
04/10/1989

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
58-1947856

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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 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	PD	<input type="checkbox"/> DELETE
NAME	GRAHAM, C.D.	
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 250	
CITY- ST- ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRAHAM, KAREN S	
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 250	
CITY- ST- ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEAVERS, BOB	
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 250	
CITY- ST- ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARSH, SUSAN J	
STREET ADDRESS	780 JOHNSON FERRY ROAD, SUITE 250	
CITY- ST- ZIP	ATLANTA GA	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V (last name change)
4.3 STREET ADDRESS	Gatins, Susan J.
4.4 CITY- ST- ZIP	780 Johnson Ferry Road Atlanta, Georgia 30342
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen S. Graham

Karen S. Graham

4/1/97

404-252-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012881

CR2E034 (9/96)