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

CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

**307 PINE GENERAL STORE, INC.**

DOCUMENT #

**P93000003928 (7)**

Mailing Address

**307 PINE AVENUE**
**ANNA MARIA FL 34216**

Principal Place of Business

**307 PINE AVENUE**
**ANNA MARIA FL 34216**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correct form below.

2. Mailing Address
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Principal Place of Business
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified: **01/19/1993**

3a. Date of Last Report

4. FEI Number ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

**HINSCH ROBERT A**
**307 PINE AVENUE**
**ANNA MARIA FL 34216**

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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE (Required When Appointing Agent) DATE

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| 11 TITLE | D | |
| 12 NAME | HINSCH ROBERT A | |
| 13 STREET ADDRESS | 791 JACARANDA DRIVE | |
| 14 CITY-ST-ZIP | ANNA MARIA FL 34216 | |
| 21 TITLE | D | |
| 22 NAME | HINSCH JOANNE M | |
| 23 STREET ADDRESS | 791 JACARANDA DRIVE | |
| 24 CITY-ST-ZIP | ANNA MARIA FL 34216 | |
| 31 TITLE | | T |
| 32 NAME | | Robert B. Hinsch |
| 33 STREET ADDRESS | | 306-72nd St. |
| 34 CITY-ST-ZIP | | Holmes Beach, FL 34217 |
| 41 TITLE | | S |
| 42 NAME | | Eric R. Hinsch |
| 43 STREET ADDRESS | | 306-72nd St. |
| 44 CITY-ST-ZIP | | Holmes Beach, FL 34217 |
| 51 TITLE | | |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | |
| 62 NAME | | 800001848358 -06/03/96--01056--018 ***200.00 |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

5/1/96

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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:** Robert B. Hinsch 4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Hinsch

DATE