

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000009532 (1)**

1. Corporation Name

PINE ISLAND FISH CAMP, INC.

Principal Place of Business

**1259 PINE ISLAND RD.
ST. AUGUSTINE FL 32095**

Mailing Address

**1259 PINE ISLAND RD.
ST. AUGUSTINE FL 32095-8489**

3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3162700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. **4736 Bedford Road**

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. **Jacksonville, FL**

Zip

Country

24. Zip

Country

29. **32207**

Country

25. Zip

Country

30. **USA**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICKS, JIMMY
1259 PINE ISLAND RD.
ST. AUGUSTINE FL 32095**

81. Name

Henry L. Robson

82. Street Address (P.O. Box Number is Not Acceptable)

4736 Bedford Road

83. City

Jacksonville

FL

85. Zip Code
32207

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

April 24, 1997

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RICKS, JIMMY	
STREET ADDRESS	1259 PINE ISLAND RD.	
CITY- ST- ZIP	ST AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICKS, GARY	
STREET ADDRESS	1259 PINE ISLAND RD.	
CITY- ST- ZIP	ST AUGUSTINE FL 32095	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RICKS, KATHY	
STREET ADDRESS	1259 PINE ISLAND RD.	
CITY- ST- ZIP	ST AUGUSTINE FL 32095	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RICKS, MELANIE	
STREET ADDRESS	1259 PINE ISLAND RD.	
CITY- ST- ZIP	ST AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Henry L. Robson	
1.3 STREET ADDRESS	4736 Bedford Road	
1.4 CITY- ST- ZIP	Jacksonville, FL 32207	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marian Robson	
2.3 STREET ADDRESS	4736 Bedford Road	
2.4 CITY- ST- ZIP	Jacksonville, FL 32207	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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 in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry L. Robson, Pres

DATE

April 24, 1997

A2(904)

399-0940

0019039

CR2E034 (9/96)