FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045880 (0)

1. Corporation Name
PINE STREET PROPERTIES, INC.

Principal Place of Business	Mailing Address
316 E. PINE ST. ORLANDO FL 32801	316 E. PINE ST. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 05/23/1994

	Principal Place of Business	Mailing Address
2. / 2a.	21 200 E. ROBINSON ST.	26 200 E. ROBINSON ST.
Suite, Apt. #, etc	22 SUITE 290	27 SUITE 290
City & State	23 ORLANDO FL.	28 ORLANDO FL.
Zip / Country	24 32801 / 25 USA	29 32801 / 30 USA

4. FEI Number: 59-3193109 ☐ 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
PHILLIPS, R P 200 N. THORNTON AVE. ORLANDO FL 32801-2164	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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	D	11 TITLE	P ☒ Change ☐ Addition
NAME	CARTER, BYRON N	12 NAME	CARTER, BYRON N.
STREET ADDRESS	316 E. PINE ST.	13 STREET ADDRESS	200 E. ROBINSON ST., SUITE 290
CITY ST ZIP	ORLANDO FL 32801	14 CITY ST ZIP	ORLANDO, FL. 32801
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LINTON, CRAIG JR	22 NAME	
STREET ADDRESS	316 E PINE ST.	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32801	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 valuntarily furnished and 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: Byron N. Carter BYRON N. CARTER 4/27/95 407 425 1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0082939 CP