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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000056056 (3)

1. Corporation Name
PINEY POINT PLANTATION, INC.



Principal Place of Business Mailing Address
**1804 W. NELSON CIRCLE
TALLAHASSEE FL 32303** **P.O. BOX 3629
TALLAHASSEE FL 32315-3629**

3. Date Incorporated or Qualified **08/10/1993** 3a. Date of Last Report **08/09/1996**
4. FEI Number **59-3195950** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANE, MARK C III
2111 N. MONROE STREET
TALLAHASSEE FL 32303** *1904 W Nelson Circle
Tallahassee, FL 32303*

81 Name *MARK C. BANE III*
82 Street Address (P.O. Box Number is Not Acceptable) *1904 W Nelson Circle*
83 City *Tallahassee, FL* 84 Zip Code *32303*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	BANE, MARK C III
STREET ADDRESS	2111 N. MONROE STREET <i>1904 W Nelson Circle</i>
CITY-ST-ZIP	TALLAHASSEE FL 32303 <i>Tallahassee, FL 32303</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BANE, MARK C III
1.3 STREET ADDRESS	1904 W Nelson Circle
1.4 CITY-ST-ZIP	Tallahassee, FL 32303
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	MARK C. BANE JR
2.4 CITY-ST-ZIP	601 Piedmont DR
2.4 CITY-ST-ZIP	Tallahassee, FL
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	200002162862-1
4.3 STREET ADDRESS	-05/02/97--01013--010
4.4 CITY-ST-ZIP	****165.00 ****165.00
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: *Mark C. Bane III* **DATE:** *4/29/97*

CR2E034 (9/96)