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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  
1804 W. NELSON CIRCLE  
TALLAHASSEE FL 32303

Mailing Address  
P.O. BOX 3629  
TALLAHASSEE FL 32315-3629

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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

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

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

9. Name and Address of Current Registered Agent  
BANE, MARK C III  
2111 N. MONROE STREET  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 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  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
1.5 TITLE  
1.6 NAME  
1.7 STREET ADDRESS  
1.8 CITY - ST - ZIP  
1.9 TITLE  
1.10 NAME  
1.11 STREET ADDRESS  
1.12 CITY - ST - ZIP  
1.13 TITLE  
1.14 NAME  
1.15 STREET ADDRESS  
1.16 CITY - ST - ZIP  
1.17 TITLE  
1.18 NAME  
1.19 STREET ADDRESS  
1.20 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
2.5 TITLE  
2.6 NAME  
2.7 STREET ADDRESS  
2.8 CITY - ST - ZIP  
2.9 TITLE  
2.10 NAME  
2.11 STREET ADDRESS  
2.12 CITY - ST - ZIP  
2.13 TITLE  
2.14 NAME  
2.15 STREET ADDRESS  
2.16 CITY - ST - ZIP  
2.17 TITLE  
2.18 NAME  
2.19 STREET ADDRESS  
2.20 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  
Signature and typed or printed name of signing officer or director

Date  
Daytime Phone #