FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000058999 (2)

1. Corporation Name

THE PINE RIDGE GROUP, INC.

Principal Place of Business	Mailing Address
9501 E HILLSBOROUGH AVE TAMPA FL 33610	9501 E HILLSBOROUGH AVE TAMPA FL 33610

3. Date Incorporated or Qualified: **08/23/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3198035** ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

COFFILL, JOHN
9501 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name: John Coffill
82 Street Address (P.O. Box Numbers Not Acceptable): 3336 Fox Ridge Circle
83
84 City: Tampa FL 85 Zip Code: 33618

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, s. 607.0505, Florida Statutes.

SIGNATURE: John Coffill DATE: 4-30-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	TOMPKINS, WILLIAM D.		1 2 NAME		
STREET ADDRESS	9501 E HILLSBOROUGH AVE		1 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1 4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	COFFILL, JOHN		2 2 NAME		
STREET ADDRESS	9501 E HILLSBOROUGH AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	OTTE, MARSHA S.		3 2 NAME		
STREET ADDRESS	945 SEDDON COVE WAY		3 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: John Coffill JOHN COFFILL 4-30-96 813-621-0679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #