

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P93000058999 (2)

1. Corporation Name

THE PINE RIDGE GROUP, INC.



Principal Place of Business

9501 E HILLSBOROUGH AVE
TAMPA FL 33610

Mailing Address

9501 E HILLSBOROUGH AVE
TAMPA FL 33610-5925

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 7439 E. Hillsborough Ave.

Suite, Apt. #, etc.

22 Suite 110

City & State

23 Tampa, FL

Zip

24 33610

Country

2a. Mailing Address

26 7439 E. Hillsborough Ave.

Suite, Apt. #, etc.

27 Suite 110

City & State

28 Tampa, FL

Zip

29 33610

Country

30 Hillsborough

4. FEI Number

59-3198035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee 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

9. Name and Address of Current Registered Agent

COFFILL, JOHN
3336 FOXRIDGE CIR
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS TOMPKINS, WILLIAM D.
CITY-ST-ZIP 9501 E HILLSBOROUGH AVE
TAMPA FL

TITLE ☐ DELETE

NAME V
STREET ADDRESS COFFILL, JOHN
CITY-ST-ZIP 9501 E HILLSBOROUGH AVE
TAMPA FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS OTTE, MARSHA S.
CITY-ST-ZIP 945 SEDDON COVE WAY
TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V
Coffill, John
7439 E. Hillsborough Ave.
Tampa, FL 33610

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 unchanged, or on an attached sheet with an address:

SIGNATURE:

John Coffill J.P.

4/21/97 913 631-0079

CR2E034 (9/96)