

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 2:26

DOCUMENT # P93000063244 (6)

**1. Corporation Name
PINATAS, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2747 B CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308**

Mailing Address

**2747 B CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified
09/10/1993**

**3a. Date of Last Report
05/01/1994**

**4. FEI Number
59-3200703**

**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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CONLON, CRAIG P
35 COUNTRY CLUB RD.
COCOA BCH. FL 32931**

10. Name and Address of Now 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 of registered agent and title if applicable

Name, Registered Agent (signature required when mandatory)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME CONLON, CRAIG P
STREET ADDRESS 35 COUNTRY CLUB RD.
CITY, ST, ZIP COCOA BCH. FL**

**TITLE STD
NAME DAUNHEIMER, MIA
STREET ADDRESS 2025 D RICKARDS RD.
CITY, ST, ZIP TALLAHASSEE FL**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP**

☐ Change ☐ Addition

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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)(g), 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

PRESIDENT

CRAIG CONLON

4-24-95 (904) 385-8226

Date

Signature (Name)