

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000021305 (5)

1. Corporation Name

PLEASANT POINT REALTY, INC.



Principal Place of Business

Mailing Address

724 NORTH CYPRESS STREET  
GREEN COVE SPRINGS FL 32043

724 NORTH CYPRESS STREET  
GREEN COVE SPRINGS FL 32043

3. Date incorporated or Qualified  
03/14/1994

3a. Date of Last Report  
11/08/1995

4. FEI Number  
59-3244311

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

21 401-B North Street

26 Post Office Box 1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 401-B

27 401-B North St.

City & State

City & State

23 Green Cove Spgs, FL.

28 Green Cove Spgs, FL.

Zip

Zip

24 32043

29 32043

Country

Country

25 Clay

30 Clay

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLSON, LARRY D  
724 CYPRESS ST. N.  
GREEN COVE SPRINGS FL 32043

81 Name Sheila D. Colson

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

724 Cypress St. N.

83

84 City Green Cove Spgs

FL

85 Zip Code

32043

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

Sheila D. Colson

8/3/96

(Print Name of Agent) (Signature Required) (When Not Applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME COLSON, LARRY D  
STREET ADDRESS 724 NORTH CYPRESS STREET  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ST ☐ DELETE

NAME COLSON, SHEILA D  
STREET ADDRESS 724 NORTH CYPRESS STREET  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Sheila D. Colson

8/3/96 (904) 284-4500

CR2E034 (3/96)