

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 # P94000053987 (1)

1. Corporation Name

PARK POINT ASSOCIATES, INC.



Principal Place of Business

249 JOHN KNOX ROAD  
SUITE 201  
TALLAHASSEE FL 32303

Mailing Address

3491-11 THOMASVILLE RD.  
SUITE 222  
TALLAHASSEE FL 32308

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

O'LEARY, PATRICK G  
249 JOHN KNOX ROAD  
SUITE 201  
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified  
07/21/1994

3a. Date of Last Report  
04/28/1995

4. FEI Number  
59-3258889

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

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 person designated as the registered agent

(print) Registered Agent signature and where residing

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SINGLETARY, RICHARD L  
STREET ADDRESS 102 CHUKKARS DRIVE  
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE V  
NAME CHANDLER, PORTER E  
STREET ADDRESS 536 FRANK SHAW ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ST  
NAME O'LEARY, PATRICK G  
STREET ADDRESS 249 JOHN KNOX ROAD STE. 201  
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

600001796496  
-04/26/96--01077--004  
\*\*\*208.75

22  
4.26

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:

Patrick M. O'Leary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK G. O'LEARY

4/21/96

401/386-8500

CR2E034 (12/95)