

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. Morlham
Secretary of State
DIVISION OF CORPORATIONS

FILED

36 JUN 24 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000060347 (9)

1. Corporation Name

PINNACLE OF NORTH HUTCHINSON ISLAND, INC.

Principal Place of Business

Mailing Address

3971 NORTH A-1-A
FORT PIERCE FL 34949

3971 NORTH A-1-A
FORT PIERCE FL 34949

3. Date Incorporated or Qualified
08/17/1994

3a. Date of Last Report
08/24/1995

2. Principal Place of Business
21 4401 North A-1-A

2a. Mailing Address
26 4401 North A-1-A

4. FEI Number
65-0427999

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

22 City & State
23 Ft. Pierce, FL

27 City & State
28 Ft. Pierce, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country
34949 USA

29 Zip Country
34949 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, ROBERT
4401 N A1A
FT PIERCE FL 34949

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RUSSELL, SHERI
STREET ADDRESS 4401 N A1A
CITY - ST - ZIP FORT PIERCE FL

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64 CITY - ST - ZIP

500001873545
-06/24/96--01050--011
*****225.00 *****225.00

500001873545
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*****8.75 *****8.75

Signature of Sheri Russell

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sheri Russell

SHERI RUSSELL

6-21-96

407-461-4846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034 (3/96)