

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra P. Morhar  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000011850 (1)**

1. Corporation Name  
**4689 PINE ISLAND ROAD, INC.**



Principal Place of Business  
**4689 PINE ISLAND RD.  
MATLACHA FL**

Mailing Address  
**C/O JOSEPH E. ROTH, CPA  
11595 KELLY RD. #121  
FT. MYERS FL 33908**

2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ROTH, JOSEPH E CPA  
11595 KELLY RD. #121  
FT. MYERS FL 33908**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Organized  
**02/10/1995**

3a. Date of Last Report

4. FEI Number  
**65-0556938**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and each of them, and each of them, accept the appointment as registered agent, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  DELETE

NAME **D PETTYS, R S**  
STREET ADDRESS **5171 WESTERN DR.**  
CITY-STATE-ZIP **ST. JAMES CITY FL 33956**

2. TITLE  DELETE

NAME **D PETTYS, BERYL P**  
STREET ADDRESS **5171 WESTERN DR.**  
CITY-STATE-ZIP **ST. JAMES CITY FL 33956**

3. TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE  Change  Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE  Change  Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE  Change  Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE  Change  Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE  Change  Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE  Change  Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE  Change  Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

**600001764296  
-04/01/96--01029--031  
\*\*\*200.00**

**M.M.  
3-30-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished by the corporation and that the information is true and correct, 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 of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a reference.

SIGNATURE: *Donald P. Pettys*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-96 944 275 3667**

CR2E084 (12/95)