

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000038045

1. Corporation Name  
THE PINE COTTAGE, INC.

Principal Place of Business  
4128-2 HERSCHEL ST.  
JACKSONVILLE FL 32210

Mailing Address  
4128-2 HERSCHEL ST.  
JACKSONVILLE FL 32210

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90012 041 \*\*\*550.00

006808 - 90012 - 41



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/11/1995

4. FEI Number  
59-3309548

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business  
21 4000-4 ST Johns Ave  
Suite, Apt. #, etc.  
22  
City & State  
23 JACKSONVILLE, FL  
Zip  
24 32205  
Country  
25 USA  
2a. Mailing Address  
26 4000-4 ST Johns Ave  
Suite, Apt. #, etc.  
27  
City & State  
28 JACKSONVILLE, FL  
Zip  
29 32205  
Country  
30 USA

9. Name and Address of Current Registered Agent

CLEMENTS, PAUL G  
4128-2 HERSCHEL ST.  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name CLEMENTS, PAUL G.  
82 Street Address (P.O. Box Number is Not Acceptable)  
4000-4 ST. Johns Ave.  
83  
84 City JACKSONVILLE FL 85 Zip Code 32205

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 Paul G. Clements, President DATE 8-11-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS    | CITY-ST-ZIP           | <input type="checkbox"/> DELETE |
|-------|-------------------|-------------------|-----------------------|---------------------------------|
| P     | CLEMENTS, PAUL G  | 1710 MAYVIEW ROAD | JACKSONVILLE FL 32210 | <input type="checkbox"/>        |
| VP    | CLEMENTS, NANCY B | 1710 MAYVIEW ROAD | JACKSONVILLE FL 32210 | <input type="checkbox"/>        |
|       |                   |                   |                       | <input type="checkbox"/>        |
|       |                   |                   |                       | <input type="checkbox"/>        |
|       |                   |                   |                       | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|-----------------|---|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Paul G. Clements 8/14/99

CR2E034 (5/99)