

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P95000042540 (1)**

1. Corporation Name  
**PINNACLE AUCTION, INC.**

Principal Place of Business

~~2020 HWY 17 SOUTH~~  
~~BLDG. B~~  
~~CRESCENT CITY FL 32112~~

*East Palatka, FL 32131*

Mailing Address

PO BOX 850  
EAST PALATKA FL 32131  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **287 SR 207**

Suite, Apt. #, etc

22

City & State

23 *East Palatka*

Zip

24 *32131*

Country

25 *US*

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**05/25/1995**

4. FEI Number

**59-3317667**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BROOKS, EDWARD L**  
~~2020 HIGHWAY 175 BUILDING B~~  
~~CRESCENT CITY FL 32112~~

10. Name and Address of New Registered Agent

81 Name *Brooks, Edward L*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*287 S.R. 207*  
83  
84 City *East Palatka* **FL** 85 Zip Code *32131*

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 *Dolores S. Brooks*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/9/98*  
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **BROOKS, EDWARD L**  
STREET ADDRESS **2620 HWY 17 SOUTH, BLDG. B**  
CITY-ST-ZIP **CRESCENT CITY FL**

TITLE **VP** ☐ DELETE  
NAME **BROOKS, DOLORES S**  
STREET ADDRESS **2620 HWY 17 SOUTH, BLDG. B**  
CITY-ST-ZIP **CRESCENT CITY FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☒ Change ☐ Addition  
1.2 NAME ~~Edward L. Brooks~~ **Brooks, Edward L.**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **East Palatka, FL 32131**

2.1 TITLE **P** ☒ Change ☐ Addition  
2.2 NAME **Brooks, Dolores S**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **East Palatka, FL 32131**

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

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

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

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

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: *Dolores S. Brooks* **Dolores S. Brooks**

*3/9/98* **904/328-1937**

CR2E034 (10/97)