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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998

Secretary of State DOCUMENT # P95000082341 (5) PINE FOREST INVESTMENTS, INC. Principal Place of Business Mailing Address 314 E ROMANA ST **8060 LAVELLE WAY** PENSACOLA FL 32526 PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3349460 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, otc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & Stato City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name VUCOVICH, HAROLD J 314 E ROMANA ST Street Address (P.O. Box Number is Not Acceptable) 82 PENSACOLA FL 32501 83 84 Zip Code 85 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. Aldd J. VUIOUS J. resident **SIGNATURE** egistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE ☐ Change ☐ Addition VUCOVICH, HAROLD J NAME 1.2 NAME 314 E ROMANA ST STREET ADDRESS 1.3 STREET ADORESS PENSACOLA FL CRY-ST-7IP 1.4 CITY-ST-ZIP DELFTE Change Addition TITLE 21 TITLE WRIGHT, LARRY NAME 22 NAME 8060 LAVELLE WAY STREET ADDRESS 23 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITE 3 1 TITLE DRUCKA, ALBERT V 3.2 NAME NAME 1000 N MORENO 3.3 STREET ADDRESS STREET ADORESS PENSACOLA FL 3.4. CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE WILLIAMS, HAROLD D NAME 4. 2 NAME 4738 OCEAN ST STREET ADDRESS 4.3 STREET ADDRESS MAYPORT FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE **ELLIOTT, JOSEPH** NAME 5 2 NAME 3291 WILDE LAKE BLVD STREET ADDRESS 5.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE \_\_\_ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

SIGNATURE:

Muco

13-15-98

FILED

Mar 19 1998 8:00am