

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).

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90013 043 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P96000068061** ✓

1. Corporation Name

**PINNACLE BUSINESS SERVICES, INC.**

Principal Place of Business  
**15894 BROTHERS COURT  
FORT MYERS FL 33912**

Mailing Address  
**15894 BROTHERS COURT  
FORT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/15/1996**

2. Principal Place of Business

21 **17332 ALICO CENTER RD**

Suite, Apt. #, etc.

22 **#3**

City & State

23 **FORT MYERS FL**

Zip

24 **33912**

Country

25 **LEE**

2a. Mailing Address

26 **24761 LYONIA LANE**

Suite, Apt. #, etc.

27

City & State

28 **BONITA SPRINGS FL**

Zip

29 **34134**

Country

30 **LEE**

4. FEI Number

**65-0697260**

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

9. Name and Address of Current Registered Agent

**VOLPE, MICHAEL J  
4001 TAMAMI TRAIL NORTH  
SUITE 330  
NAPLES FL 34103**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **MACFARLANE, DENNIS**  
STREET ADDRESS **15894 BROTHERS COURT**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VPSD** ☐ DELETE  
NAME **MACFARLANE, PATRICIA**  
STREET ADDRESS **15894 BROTHERS COURT**  
CITY-ST-ZIP **FORT MYERS FL 33912**

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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)(l), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0097186

P96000068061  
582657-900/3-43

TO: FLORIDA DEPARTMENT OF STATE  
ANNUAL REPORTS FILING  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

FROM: PINNACLE BUSINESS SERVICES  
17222 ALICO CENTER RD.  
SUITE #3  
FORT MYERS, FL 33912  
941-489-3155

JUNE 7, 1999

TO WHOM IT MAY CONCERN;

I, DENNIS MACFARLANE AM FILLING OUT MY ANNUAL REPORT AND HOPE THAT YOU WILL TAKE INTO CONSIDERATION AS TO WHAT HAS TAKEN PLACE.

DURING PARTS OF JANUARY, FEBRUARY, MARCH OF THIS YEAR, PINNACLE BUSINESS SERVICES MAIL WAS BEING RETURNED TO SENDER. WE BELIEVE THAT BECAUSE WE WERE NO LONGER ACCEPTING MAIL FOR ANOTHER CORPORATION CALLED PINNACLE INDUSTRIES LOCATED AT THE SAME ADDRESS OF 15894 BROTHERS COURT, WE DID NOT RECEIVE THE REST OF OUR MAIL. THE POST OFFICE ACKNOWLEDGED THAT THE PINNACLE BUSINESS SERVICES MAIL SHOULD NOT HAVE BEEN RETURNED AND APOLOGIZED. I CAN ONLY ASSUME THAT THE FIRST REPORT THE STATE SENT TO ME WAS AT THAT TIME.

I ALWAYS FILE THESE ANNUAL REPORTS ON TIME REGARDLESS OF WHAT CORPORATION I OWN, AS I AM FULLY AWARE OF THE ENORMOUS PENALTIES FOR NOT DOING SO ON TIME.

PLEASE CONSIDER MY PAST HISTORY AND THE FACT THAT I PROBABLY CAN GET SOME TYPE OF DOCUMENTATION FROM THE POST OFFICE AS TO MY PROBLEM.

RESPECTFULLY SUBMITTED;



DENNIS MACFARLANE  
PRESIDENT  
PINNACLE BUSINESS SERVICES