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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000072932 (2)

1. Corporation Name
PARK POINT HOLDING, INC.



Principal Place of Business

2303 SW 17 STREET
SUITE 201
OCALA FL 34471

Mailing Address

2303 SW 17 STREET
SUITE 201
OCALA FL 34471-9109

3. Date Incorporated or Qualified
09/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3304 SW 34th Circle
Suite, Apt. #, etc.

26 P.O. Box 4338
Suite, Apt. #, etc.

4. FEI Number

59-3397475

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

22 City & State

23 Ocala, FL

24 34474

25 United States

26 34478

27 United States

9. Name and Address of Current Registered Agent

HICKS, DANIEL
2303 SW 17 STREET
SUITE 201
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name Todd Bartfield
82 Street Address (P.O. Box Number is Not Acceptable)
2901 SW 41 ST
83 #2805
84 City Ocala FL 85 Zip Code 34474

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 *Todd Bartfield*
Signature typed or printed name of registered agent, and title if applicable.

President/Secretary/Director

4/17/97
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE President/Director ☐ DELETE

NAME Todd L. Bartfield
STREET ADDRESS 2901 S.W. 41 ST #2805
CITY-ST-ZIP Ocala, FL 34474

1.2 TITLE Vice-President ☐ DELETE

NAME Michael Guaring
STREET ADDRESS 2300 SE 17 ST #101
CITY-ST-ZIP Ocala, FL 34471

1.3 TITLE Secretary ☐ DELETE

NAME Todd L. Bartfield
STREET ADDRESS 2901 S.W. 41 ST #2805
CITY-ST-ZIP Ocala, FL 34474

1.4 TITLE Treasurer ☐ DELETE

NAME Jorge R. Arellano
STREET ADDRESS Coral Gables, FL 33153
CITY-ST-ZIP

1.5 TITLE ~~Stephan F. Pyles~~ Director ☐ DELETE

NAME Stephen F. Pyles
STREET ADDRESS 2300 SE 17 ST #101
CITY-ST-ZIP Ocala, FL 34471

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: *Todd L. Bartfield* 4/17/97 (352) 873-6744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)