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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000058436 (1)

roma

PIPKIN PINES, INC.

## FILED Jun 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10 CENTRAL AVE 10 CENTRAL AVE CRESCENT CITY FL 32112 CRESCENT CITY FL 32112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MORRIS, ELIZABETH A 10 CENTRAL AVE Street Address (P.O. Box Number is Not Acceptable) 82 CRESCENT CITY FL 32112 83 84 City 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 opigations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change PADGETT, JAMES L 1.2 NAME OH CEMENT 21 DR 10 CENTRAL AVE STREET ADDRESS 1.3 STREET ADDRESS **CRESCENT CITY FL 32112** ack somille, fi CITY-\$T-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change 2.1 TITLE Addition BROWNING PAMELA H 225 RIVED BRIVE NAME 2.2 NAME 2305 Arbor OR STREET ADDRESS 23 STREET ADDRESS E PALATIKA FE 32131 CITY-ST-ZIP 2 4 CITY-ST-7IP President TITLE DELETE 31 TITLE Jerry Zyst. 12305 Anbor Dr. NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS DELETE CITY-ST-ZIP 3.4. C(1) - S1 - Z(P TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP TITLE DELETE 5.1 TITLE Change Addition NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 logal affect as if made under oath; that I am an officer or director of the exemption or the receiver by trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on all attact ment by the an address. 19 d changed, or on a attac