

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 08, 1999 8:00 am  
Secretary of State

06-08-1999 90003 002 \*\*\*550.00

DOCUMENT # P97000058436

1. Corporation Name  
PIPKIN PINES, INC.



Principal Place of Business  
10 CENTRAL AVE  
CRESCENT CITY FL 32112

Mailing Address  
10 CENTRAL AVE  
CRESCENT CITY FL 32112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number  
59-3489967

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 2108 SAWGRASS VILLAGE DR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2108 SAWGRASS VILLAGE DR  
Suite, Apt. #, etc.

22 City & State  
23 PONTE VEDRA BEACH, FL  
Zip Country  
24 32082 25 USA

27 City & State  
28 PONTE VEDRA BEACH, FL  
Zip Country  
29 32082 30 USA

9. Name and Address of Current Registered Agent

MORRIS, ELIZABETH A  
10 CENTRAL AVE  
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name JERRY ZYSKI  
82 Street Address (P.O. Box Number is Not Acceptable)  
2108 SAWGRASS VILLAGE DR  
83  
84 City PONTE VEDRA BEACH FL 85 Zip Code 32082

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 for 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 JERRY J. ZYSKI 6-2-99  
Signature, Type or Print Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DEESE, PAUL	
STREET ADDRESS	204 CENTURY 21 DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZYSKI, JERRY	
STREET ADDRESS	12305 ARBOR DR	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROGERS, J R	
STREET ADDRESS	8010 WHISPER LAKE LN E	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: JERRY J. ZYSKI

6-2-99 904/280-8070  
Date Daytime Phone #

CR2E034 (1/98)