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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700064991 (7)

## PINEAPPLE PLANTATION PROPERTIES, INC.

## FILED Mar 10 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	ailing Address			1 indiiadi iin saisi labis bajii dasis gaiir bajin diiii didin laili taral isar abur			
3265 N.E. 43RD PLACE OCALA FL 34479-8876		OCALA FL 34478				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						07/24/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26				24.24608.2		lot Applicable	
Suite, Apt.	#, <b>e</b> 1c.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27						lequired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23 7in			Cor	intry		Trust Fund Contribution		to Fees	
Zip	— ·	<del> 1</del>	<del></del>	# ILI Y		This corporation owes or has paid the cur     Personal Property Tax due June 30.		Mangible No	
24	25 9. Name and Address of Curre	129 Agent	30	1		10. Name and Address of New Registered		Z3 140	
DAI	<u></u>	it tregistered Agent		81	Name	to, traine and readings of their regions as	rigom		
RAULERSON, EDWARD D									
	5 N.E. 43RD PLACE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
UC	ALA FL 34479-8876			83					
				84	City	FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the a	pove	-named co	orporation submits this statement for the purpose o	f changing i	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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	D	DELETE					Change	☐ Addition	
NAME	RAULERSON, EDWARD D		1.2 NA						
STREET ADDRESS	3265 N.E. 43RD PLACE		1.3 ST		ADDRESS				
CITY-ST-ZIP	OCALA FL 34479-8876			1.4 CITY - ST - ZIP					
TALE	D	☐ DELETE	2.1 71				Change	Addition	
NAME	RAULERSON, LINDA R		2.2 N/	2.2 NAME					
STREET ADDRESS	3265 N.E. 43RD PLACE		2.3 \$1	reet.	ADDRESS	•			
CITY-ST-ZIP	OCALA FL 34479-8876		2.4 C	2. 4 CITY-ST-ZIP				l	
TITLE		☐ DELETE	3.1 TI	3.1 TITLE			Change	Addition	
NAME			3.2 N/	AME		·		į	
STREET ADDRESS			3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP				
TITLE		DELETE	☐ DELETE 4.1 TI				Change	☐ Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET.	address				
CITY-ST-ZIP			4.4 CI	1Y-S1	r-zip				
TITLE	☐ DELE <b>TE</b>		5.1 TI	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NA	AME					
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	Y-ST-ZIP		5.4 CITY - ST - ZIP		-ZIP				
TITLE		☐ DELETE	6.1 Tr	TLE			Change	Addition	
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP			6.4 Cf	TY-ST	-ZIP				
	artifu that the information supplied u	ith this filing does not qualify for	or the ove	mnt	ion etatod	in Section 119 07/3\(ii) Florida Statutes, I further ce	rtify that the	e information	

Indicated on this annual report or supplied with this initing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that me 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 epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

| Edward D. Rauterson

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