## 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** 

## DOCUMENT # P98000083297 1. Corporation Name

THE PINES OF PALM COAST, INC.

Principal Place of Business

Mailing Address

19551 SOUTHEAST 111TH CT. INGLIS FL 34449

19551 SOUTHEAST 111TH CT.

INGLIS FL 34449

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90194 017 \*\*\*150.00



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						3. Date Incorporated or Qualifed 09/25/1998			
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
آ		26				59- <i>3534</i> 284	Ī	No	Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				_	\$8	.75 A	dditional
2		27				5. Certificate of Status Desired	(	Fee Re	quired
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing	\$	5.00	May Be
3		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Co	intry		8. This corporation owes the current year In	tangibl	e	
4	25	29	30			Personal Property Tax.	ŪΥ	es es	□No
.,	9. Name and Address of Current	<del></del>				10. Name and Address of New Registered	Agent	ł	
•				81	Name				
PALMETTO CHARTER SERVICES, INC.				-	O4 A -1-1	(D.O. Day Number in Not Apparetable)			***
150 M	iagnolia ave.			82 Street Address (P.O. Box Number is Not Acceptable)					
	DNA BEACH FL 32115-2491			83		1.0			
2	- · · · · · · · · · · · · · · · · · · ·			Ľ				<del></del>	
	•			84	City	FL	85	Zip C	ode
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office or rec	gistered agent, or both, in the State of	f Florida. Such change was	authorize	d by	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intmen	t as rec	jistered
agent. I am	familiar with, and accept the obligation	ons of, Section 607.0505, F	lorida Sta	tutes.	,				
SIGNATURE									
	Ignature, typed or printed name of registered agent a		<u>-</u>	d Agen	1 signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	UD DIE	ECTO	DS IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		hange	Addition
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TITLE	D	☐ DELETE	2.1 T	ΠE				hange	Addition
NAME	QUEST, DONALD R		22 N	AME					
	AREA CONTUCACT ANATHLOT								
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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, with all other like empowered.