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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S37340 (4)
1. Corporation Name
PINCORP, INC.



Principal Place of Business
4485 CLIPPER COVE
DESTIN FL 32541
US

Mailing Address
4485 CLIPPER COVE
DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 45 BEAL PKWY., N.E.
Suite, Apt. #, etc.
22
City & State
23 FT. WALTON BEACH, FL.
Zip Country
24 32548 25 U.S.A.

2a. Mailing Address
26 P.O. Box 1600
Suite, Apt. #, etc.
27
City & State
28 FT. WALTON BEACH, FL.
Zip Country
29 32548 30 USA

3. Date Incorporated or Qualified
02/28/1991

4. FEI Number
59-3051714

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PINCKARD, LEE
4485 CLIPPER COVE
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
LEE PINCKARD
82 Street Address (P.O. Box Number is Not Acceptable)
45 BEAL PKWY., N.E.
83
84 City
FT. WALTON BEACH FL 85 Zip Code
32548

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 *Lee Pinckard* LEE PINCKARD
Signature, typed or printed name of registered agent and title if applicable (Not: Registered Agent signature required when reinstating)

4/28/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PINCKARD, LEE	4485 CLIPPER COVE	DESTIN FL	<input type="checkbox"/>
SD	PINCKARD, MARY FRANKLIN	4485 CLIPPER AVE.	DESTIN FL	<input type="checkbox"/>
V	PINCKARD, MITCHELL	4485 CLIPPER COVE	DESTIN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		45 BEAL PKWY., N.E.	FT. WALTON BEACH, FL 32548	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		45 BEAL PKWY., N.E.	FT. WALTON BEACH, FL 32548	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		45 BEAL PKWY., N.E.	FT. WALTON BEACH, FL 32548	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address.

SIGNATURE: *Lee Pinckard* LEE PINCKARD

4/28/98 850/244 512

CR2E034 (10/97)