

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S48027 (4)

1. Corporation Name

DEAR IN THE PINES, INC.

Principal Place of Business
**8332 HUDSON RD.
PANAMA CITY FL 32404**

Mailing Address
**8332 HUDSON RD.
PANAMA CITY FL 32404**

**APPROVED
AND
FILED**

95 MAY -1 AM 9:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1991** 3a. Date of Last Report **08/05/1994**

4. FEI Number **59-3067017** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. State Apt. # etc.

23. City & State

24. Zip Country

2a. Mailing Address

26. State Apt. # etc.

28. City & State

29. Zip Country

9. Name and Address of Current Registered Agent

**REGISTER, DEBORAH
9445 N HWY. 231
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE **P**
2. NAME **REGISTER, DEBORAH J.**
3. STREET ADDRESS **9445 N HWY 231**
4. CITY, ST, ZIP **PANAMA CITY FL 32404**

5. TITLE **V**
6. NAME **REGISTER, WILLIAM A.**
7. STREET ADDRESS **9445 N HWY 231**
8. CITY, ST, ZIP **PANAMA CITY FL 32404**

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, Florida Statutes. I further certify that the information included 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form with an address.

SIGNATURE:

Deborah J. Register
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1995

904-722-9794