FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S64605** **(6)**

1. Corporation Name
PINEVIEW ACADEMY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% BARRY P. HERSHONE 2325 ROANOKE CT. LAKE MARY FL 32746-4907	% BARRY P. HERSHONE 2325 ROANOKE CT. LAKE MARY FL 32746-4907

3. Date Incorporated or Qualified: 07/08/1991
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): P.O. Box 950670
Suite, Apt. #, etc. (27)
City & State (28): Lake Mary Fl
Zip (29): 32795
Country (30): Seminole

4. FEI Number: 59-3054021 ☐ 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

9. Name and Address of Current Registered Agent

HERSHONE, BARRY P.
2325 ROANOKE CT.
LAKE MARY FL 32745

10. Name and Address of New Registered Agent

81 Name: Hershone, Sherrie
82 Street Address (P.O. Box Number is Not Acceptable): 1190 W. Lake Mary Blvd.
83: Sanford, Fl. 32746
84 City: Sanford, 85 FL Zip Code: 32746

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: X Sherrie Hershone, Sec/Treas 1/12/95
(Signature of Director or Officer of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	HERSHONE, BARRY P.	1.2 NAME	
STREET ADDRESS	2325 ROANOKE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	HERSHONE, SHERRIE L.	2.2 NAME	
STREET ADDRESS	2325 ROANOKE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	MAZCURI, RIAZ	3.2 NAME	
STREET ADDRESS	1654 LONG POND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Sherrie Hershone 1/12/95 Date (407) 321-3037 Daytime Phone
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
Sherrie Hershone

0040118 CR