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PROFIT CORPORATION annual report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V07767 (9)PINEHURST LENDERS, INC. Principal Fluce of Business Mailing Address 5001 PHILLIPS HIGHWAY 5001 PHILLIPS HIGHWAY SUITE 7B SUITE 7B JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-9521 3. Date Incorporated or Qualified 3a. Date of Last Report 01/16/1992 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3102958 26 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State: 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Parsons, A.T., Jr. 5001 PHILLIPS HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 7B 83 JACKSONVILLE FL 32207 84 City Zip Code 11. Pursuant to the previsions 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 (NOTE: Registered Agent signature required when reinstating) older) caparallii bre la ige bondapo da kaza la casar se na casar e e e.c. DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) 12. DELETE 1 1 TITLE Change Addition III.F PARSONS, A.T., JR. 12 NAME HAME 5001 PHILLIPS HWY #7B 13 STREET ADDRESS STREET ATTORESS JACKSONVILLE FL 1.4 C(TY - \$T - ZIP CITY - ST- Z P. DELETE Change Addition 1973 F 2171118 NAME 2.2 NAME 2.3 STREET ADDRESS STREET ACORESS CHY-ST ZE 2. 4 CITY - ST - ZIP DELFTE ☐ Change ___ Addition 3.1 TITLE TILF NAME 3.2 NAME 3.3 STREET ADDRESS STECK LADORESS 3.4. CITY-ST-ZIP CITY-ST 2# DELETE Change Addition DOLE 4.1 TITLE NAME **4.2 NAME** STEEL ALORESS 4.3 STREET ADDRESS City St 705 44 CITY-\$1-ZP DELETE Change Addition 1614 511016 NAM: 5.2 NAME SAREEL ADDRESS 5.3 STREET ADDRESS C-Fr-S1-ZiP 5.4 City-ST-ZIP DELETE Change Addition HE 6.1 TITLE 6.2 NAME NAME: STREET ADDRESSS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with his foing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate d on this annual report or supplymental 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 of th appears in Block 12 or Block 13 f of achment with an add

64 CITY ST-ZIP

Wisons, Ir.

SIGNATURE:

C-13 - ST - ZIE

TO NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

Date

FILED

Mar 06 1997 8:00am

Secretary of State