## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)PINEHURST LENDERS, INC. Principal Place of Business Mailing Address **5001 PHILLIPS HIGHWAY** 5001 PHILLIPS HIGHWAY SUITE 7B SUITE 7B DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 01/16/1992 2, Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3102958 Not Applicable 26 Suite, Apt. #. etc Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country a. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent PARSONS, A.T., JR. 81 Name **5001 PHILLIPS HIGHWAY** Street Address (P.O. Box Number is Not Acceptable) SUITE 7B 83 JACKSONVILLE FL 32207 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, typod or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE \_\_ Change \_\_\_ Addition TITLE PARSONS, A.T., JR. 1.2 NAME NAME 5001 PHILLIPS HWY #7B 1.3 STREET ADDRESS STREET ADDRESS JACKSONMLLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP 2 4 City-St-ZiP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS **43 STREET ADDRESS** 4.4 CITY-ST-ZIP CITY - ST - ZIP Change \_\_\_ Addition DELETE 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CICNATURE:

14. I hereby certify that the information supplied with this fill indicated on this annual report or supplemental mount officer or director of the corporation or the recovering Block 12 or Block 13 if changed, or on an altar him and the corporation or an altar him and the corporation of the recovering Block 12 or Block 13 if changed, or on an altar him and the corporation of the corporation

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Spriol qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address.

A T Dresons & 4/3/08 904-737-1845

☐ Change

Addition