FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name V73438 (6)PINE SHORES SALES, INC. Principal Place of Business Mailing Address 1445 FLOWER DRIVE 1445 FLOWER DRIVE SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1992 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0364022 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Žip Country Country This corporation owes or has paid the current year Intangible Yes Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name TWITCHELL, TOLLYN J. 1445 FLOWER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 84 City 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 Signature, typed or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TIFLE n 1.1 TITLE TWITCHELL, TOLLYN J. CR2E034 NAME 1.2 NAME 1445 FLOWER DRIVE STREET ADORESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME TWITCHELL, ROBINA M. 2 2 NAME STREET ADDRESS 1445 FLOWER DRIVE 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST-ZIP ☐ Addition DELETE Change TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Спалде Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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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 suppliemental 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 floring 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

<u>Crollyn</u> Twitchell

SIGNATURE:

FILED

941-922-1929