

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 259688

**Entity Name:** PALMS & PINES INC

**Current Principal Place of Business:**

5400 RIVERSIDE DR  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

1725 MINK DR  
APOPKA, FL 32703 US

**FEI Number:** 59-1284715

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MACLEOD, GORDON IMR.  
1725 MINK DR.  
APOPKA, FL 32703 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PT  
Name MACLEOD, GORDON  
Address 1725 MINK DR.  
City-State-Zip: APOPKA FL 32703

Title S  
Name MACLEOD, LOIS R  
Address 1725 MINK DR  
City-State-Zip: APOPKA FL 32703

Title VP  
Name MACLEOD, IAN  
Address 1717 MINK DRIVE  
City-State-Zip: APOPKA FL 32703

Title VP  
Name DIBBLE, WILLIAM  
Address 10734 MOSS ISLAND DR  
City-State-Zip: RIVERVIEW FL 33569

Title OTHER  
Name KAKRITZ, WILLIAM  
Address 18275 NW 144 AVE  
City-State-Zip: OKEECHOBEE FL 34972

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GORDON MAC LEOD

**PRESIDENT**

**02/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date