

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46735

Entity Name: PINNACLE PORT REALTY CORPORATION**Current Principal Place of Business:**23223 FRONT BEACH RD.
PANAMA CITY BEACH, FL 32413-1008**Current Mailing Address:**23223 FRONT BEACH RD.
PANAMA CITY BEACH, FL 32413-1008**FEI Number:** 59-2307975**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLOAN, TIMOTHY ATTY
427 MCKENZIE AVE
PANAMA CITY, FL 32401 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 SEC
Name JAY, JOYCE
Address 9123 THORNTON BLVD
City-State-Zip: JONESBORO GA 30236

Title DIRECTOR
Name STOKE, SHEILA
Address 7906 WESTOVER DRIVE
City-State-Zip: PROSPECT KY 40059

Title DIRECTOR
Name WOJCIK, DAN
Address 3208 REDSTONE DRIVE
City-State-Zip: ARLINGTON TX 76001

Title DIRECTOR
Name BAUER, ANN
Address 2539 SENECA DRIVE
City-State-Zip: LOUISVILLE KY 40205

Title TREA
Name REID, ROBERT G
Address 23223 FRONT BEACH RD
UNIT A-723
City-State-Zip: PANAMA CITY BEACH FL 32413

Title PRESIDENT
Name ELDER, JIMMY W
Address 1540 LAKE KOINONIA DRIVE
City-State-Zip: WOODSTOCK GA 30189-3577

Title VP
Name WILLIS, JACK
Address 23223 FRONT BEACH RD.
#722
City-State-Zip: PANAMA CITY BEACH FL 32413-1008

Title GENERAL MANAGER
Name CHUMLEY, JACK
Address 23223 FRONT BEACH RD.
City-State-Zip: PANAMA CITY BEACH FL 32413-1008

Continues on page 2

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: JACK CHUMLEY**GM****01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TOMPKINS II, CHARLES
Address	8447 MAYNARDVILLE PIKE
City-State-Zip:	KNOXVILLE TN 37938