

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000047862 (5)

1. Corporation Name

100 NORTH PINEAPPLE, INC.

Principal Place of Business

Mailing Address

1390 MAIN ST
SARASOTA FL 34236

1390 MAIN ST
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/22/1994

4. FEI Number

65-0501958

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, DARYL J
1819 MAIN ST
SUITE 1100
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 title (Applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GRIFFIN, WILLIAM D
STREET ADDRESS 1390 MAIN ST
CITY, ST, ZIP SARASOTA FL 34236

1.1 TITLE P
1.2 NAME Griffin, William D
1.3 STREET ADDRESS 1390 Main Street
1.4 CITY, ST, ZIP Sarasota FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE V
2.2 NAME Halloy, Richard
2.3 STREET ADDRESS 1390 main street
2.4 CITY, ST, ZIP Sarasota FL

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE S
3.2 NAME Hammel, Edward
3.3 STREET ADDRESS 1390 Main Street
3.4 CITY, ST, ZIP Sarasota FL

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(k), Florida Statutes. I further certify that the information furnished on this annual report or supplemental 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 report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Hammel

4/28/95

813 9512022