FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K07501** **(5)**

1. Corporation Name

ANDERSEN & PENNINGTON ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~2165 SUNNYDALE BLVD~~	~~2165 SUNNYDALE BLVD~~
~~SUITE H~~	~~SUITE H~~
~~CLEARWATER FL 34625~~	~~CLEARWATER FL 34625~~

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 01/19/1995

4. FEI Number: 59-2859263 ☐ 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

2. Principal Place of Business
21 22071 U.S. 19 NORTH
22 Suite, Apt. #, etc.
23 City & State: CLEARWATER FL
24 Zip: 34625
25 County: PINELLAS

2a. Mailing Address
26 Street, Apt. #, etc.: SAME
27
28 City & State:
29 Zip:
30 County:

9. Name and Address of Current Registered Agent

SANDS, J. KEITH M.
1506 PRUDENTIAL DR.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: STEVEN HALL
82 Street Address (P.O. Box Number is Not Acceptable): 2790 SUNSET POINT
83
84 City: Clearwater FL 85 Zip Code: 34619

11. Pursuant to the provisions of Section(s) 607.0502 and 617.1502, 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: X _____ DATE: 3/5/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	D	☐ DELETE	1 TITLE	President	XX Change ☐ Addition
NAME	PENNINGTON, LAWRENCE E.		2 NAME		
STREET ADDRESS	60 TURNSTONE DR.		3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		4 CITY-ST-ZIP		
2 TITLE	D	☐ DELETE	2 TITLE	Vice President	XX Change ☐ Addition
NAME	ANDERSEN, DAVID		2 NAME		
STREET ADDRESS	60 CRANE DR.		3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		4 CITY-ST-ZIP		
3 TITLE	O	☐ DELETE	3 TITLE	Secretary/Treasurer	XX Change ☐ Addition
NAME	PENNINGTON, SHERRIE L.		3 NAME		
STREET ADDRESS	60 TURNSTONE DR.		3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		3 CITY-ST-ZIP		
TITLE	O	X DELETE	4 TITLE		☐ Change ☐ Addition
NAME	ANDERSEN, SHARON L.		4 NAME		
STREET ADDRESS	60 CRANE DRIVE		4 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME			5 NAME	900001770559 -04/05/96--01025--031 ***200.00	
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

SV 4.4

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 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 add'l fee.

SIGNATURE: Larry Pennington CARRY PENNINGTON 1/23/96 818RRCTTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Electronic Filing #

CR2E034 (12/95)