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 # 258983 (6)

1. Corporation Name

PERSONAL INVESTMENTS INC

Principal Place of Business

C/O WASHINGTON COUNTY KENNEL CLUB
INTERSECTION HWY 79 & HWY 20
EBRO FL 32437

Mailing Address

C/O WASHINGTON COUNTY KENNEL CLUB
INTERSECTION HWY 79 & HWY 20
EBRO FL 32437

3. Date Incorporated or Qualified: 05/14/1962
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1162937 ☐ 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

DEVARES,PAUL
INTERSECTION HIGHWAY 79 & HIGHWAY 20
EBRO FL

10. Name and Address of New Registered Agent

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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DERVAES, PAUL	
STREET ADDRESS	2506 ROCKY POINT AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	☐ DELETE
NAME	HESS, LUTHER F	
STREET ADDRESS	10102 WOODSONG WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	HESS, STOCKTON R.	
STREET ADDRESS	P.O. BOX 111 N/A	
CITY-ST-ZIP	EBRO FL 32437	
TITLE	TD	☐ DELETE
NAME	HARRY L. HESS	
STREET ADDRESS	BOX 111 N/A	
CITY-ST-ZIP	EBRO FL	
TITLE	D	☐ DELETE
NAME	HATER, ROBERT E. II	
STREET ADDRESS	1330 NEEB ROAD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	☐ DELETE
NAME	HATER, JOHN M.	
STREET ADDRESS	11508 TRASK S.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	Craig R. Stevens	
1.3 STREET ADDRESS	Gen. Delivery	
1.4 CITY-ST-ZIP	Ebro, Fl 32437	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	Linda M. Bradley	
2.3 STREET ADDRESS	9917 Birch Terrace	
2.4 CITY-ST-ZIP	Charlevoix, Mich 49720	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Filed & Paid	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	APR 29 1996	
4.4 CITY-ST-ZIP	# 4749	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 address.

SIGNATURE: Luther F. Hess 4/29/96 904-234-3943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #