## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000042090 (9)

V, R. PENSYL & SON'S INC.

6702 BEDFOF	ce of Business RD OAK DR EKHTS FL 32656	67 KI	Mailing Address 6702 BEOFORD OAK DR KEYSTONE HEIGHTS FL 32656-9179 US									
								3. Date Incorporated or Qualified 06/11/1993	3a. Date o		leport	
2. Principal F	Place of Business	2a.	Mailing Address					4. FEI Number	1 01/20		pplied For	
21		26						59-3189720		<del></del>	ot Applicable	
Suite, Apt	.#, etc	1 - 1	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		,			Additional	
			7					5. Certificate of Status Desired			equired	
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be	
			В					Trust Fund Contribution			to Fees	
Zip	Country Zip			Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	24 25 29			30				Florida Statutes				
<u> </u>	9. Name and Address of Curre	nt Regis	tered Agent		<u> </u>	1		10. Name and Address of New Re	gistered Age	<u>nt</u>		
	NSYL, VAUGHN R				81	Name	9					
6702 BEDFORD OAK DR					62	Street	Addre	ess (P.O. Box Number is Not Acceptable)				
KE	YSTONE HEIGHTS FL 32656											
					63							
					84	City			8	5 Zip	Code	
			··· · · · · · · · · · · · · · · · ·			'		oration submits this statement for the p	╊┖╵			
agent La SIGNATURE	aru familiar with, and accept the oblig	ations of	t applicable. (NO	iorida St	atutes red Age	S.		on's board of directors. I hereby accept d when renstating)	DATE			
12.	OFFICERS AN	ID DIREC	DELETE	13			T	ADDITIONS/CHANGES TO OFFIC				
TITLE	•		F""] DEFEIG		TITLE				L.J	Change	Addition	
NAME	PENSYL, VAUGHN R				NAME				•			
STREET ADDRESS	6702 BEDFORD OAK DR					ADDRESS						
CiTY-ST-7-2	KEYSTONE HEIGHTS FL		Decem		CITY-S	ST-ZIP	<b>-</b>			<u> </u>	1 1 4 1 1 1 1	
1:TLF			☐ DELETE		TITLE				لسا	Change	Addition	
NAME				2.2	NAME							
STREET ADORESS	(			2.3	STREET	ADDRESS		an IPP	4,4,2			
City 51-716			T SCIETC		CITY-S	ST-ZIP	ļ.					
I-III±			L DELETE	1	TITLE		1			Change	Addition	
NAME				•	NAME		1					
STREET ADORESS						ADDRESS	1					
City-St-ZiP					CITY - S	ST-ZIP	<u> </u>					
THILE			DELETE	4.1	TITLE		1		Ш	Change	Addition	
NAME				4. 2	NAME		1					
STREET ADDRESS				4.3	STREET	ADDRESS	1					
CITY-S1-Ziff				4,4	CITY-S	17 - ZIP	<u> </u>					
THE			DELETE	5.1	TITLE		1			Change	Addition	
NAME				5.2	NAME							
STREET ADDRESS				5.3	STREET	ADDRESS	1					
CHTY-ST-2IF	ļ			5.4	CITY-S	T-ZIP						
TOLE			DELETE		TITLE		1			Change	Addition	
NAME.	1			6.2	NAME		1					

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE:

WALLIAM, PELSY CROSSET 4/(22/97) 352 473-1146

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP