

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 # 454552

(1)

1. Corporation Name

PENNY PATCH, INC.



Principal Place of Business

5400 LONGLEAF ST.
P. O. BOX 12529
JACKSONVILLE FL 32209

Mailing Address

5400 LONGLEAF ST.
P. O. BOX 12529
JACKSONVILLE FL 32209

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/11/1974

3a. Date of Last Report

05/01/1995

4. FET Number

59-1534672

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

PITMAN, ERNEST H.
5400 LONGLEAF STREET
JACKSONVILLE FL 32209

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 607.1505, 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]

(Print Name, Registered Agent's Name, and Date of Appointment)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PITMAN, ROBERT R.
STREET ADDRESS
5400 LONGLEAF ST.
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
PITMAN, DONALD D.
STREET ADDRESS
5400 LONGLEAF ST.
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
PITMAN, ERNEST H.
STREET ADDRESS
5400 LONGLEAF ST.
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
PITMAN, JERE F
STREET ADDRESS
5400 LONGLEAF STREET
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
SLAPPEY, SUSAN P
STREET ADDRESS
5400 LONGLEAF STREET
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)