

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32209-0529

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

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

3. Date Incorporated or Qualified 06/11/1974
3a. Date of Last Report 05/01/1996
4. FEI Number 59-1534672
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 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent and, if applicable,

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	PITMAN, ROBERT R.	
STREET ADDRESS	5400 LONGLEAF ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	DELETE
NAME	PITMAN, DONALD D.	
STREET ADDRESS	5400 LONGLEAF ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	DELETE
NAME	PITMAN, ERNEST H.	
STREET ADDRESS	5400 LONGLEAF ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	DELETE
NAME	PITMAN, JERE F	
STREET ADDRESS	5400 LONGLEAF STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	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

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		

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, 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:

4-78-97

904-768-6888

CR2E034 (9/96)