FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # 608699

(5)

L.R. PENNY AND ASSOCIATES, ARCHITECTS AND ENGINE ERS. INC.

Principal Place of Business 13225 108TH AVE. N.

Mailing Address

13225 108TH AVE. N.



LARGO FL 34644 US		LARGO FL 34644 US				3. Date Incorporated or Qualified	3a. Date of		
						02/01/1979	05/0)1/199	
2. Principal Plac	e of Business	2a. Mailing Address 26				4. FEI Number 59-1872310			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State	-	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Cou	untry		8. This corporation has liability for		nder s	199.032,
24	25	29	30				_ No		
<u> </u>	9. Name and Address of Curren	t Registered Agent		L.,		10. Name and Address of New R	egistered Age	ent	
				81	Name				
	EN, WILLIAM S., ESQ.		82 Street Ac			ess (P.O. Box Number is Not Acceptab	ie)		
	MERTON ROAD, S.W. Fl 34648								
D 4100	12 01010			84	City		FI	35 Zr	Code
				<u> </u>	<u> </u>	ration submits this statement for the pu		iog it a re	paistered office
familiar with	n, and accept the obligations of, Secti	ion 607.0505, Florida Statut	ies.			and of directors. I hereby accept the app	DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	0,00	n og alo o oqua	ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTO	RS IN 12
12.	PD	DELETE		TITLE				Change	■ Addition
TITLE	PENNY, LAWRENCE R.			NAME					
NAME	13225 108TH AVE. N.				T ADDRESS				
STREET ADDRESS	LARGO FL				ST-ZIP				
CITY-ST-ZIP	S S	[] DELETE		TITLE				Change	Addition
TITLE	PENNY, LAUREN R.			NAME	1				
NAME	13225 108TH AVE. N.				T ADDRESS				
STREET ADDRESS	LARGO FL				ST-ZIP				
CITY-ST-ZIP	DANGOTE	DELETE	3, 1 TI					Change	☐ Addition
TITLE				NAME					
NAME					ET ADDRESS				
STREET ADDRESS					ST-ZIP				
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			42	NAME					
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STREET ADDRESS					ST-ZIP				
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				NAME					
NAME					E1 ADDRESS				
STREET ADDRESS	İ				-ST-ZIP				
CITY-ST-7IP		☐ DELETE		TITLE				Change	☐ Addition
		<u> </u>		NAME	1				
NAME					EY ADDRESS				
STREET ADDRESS					-ST-ZIP				
CITY - ST - ZIP	at the the information cumplied	with this filipp is voluntarily:	furnished an	d do	es not qualify	for the exemption stated in Section 11	9.07(3)(k), Florid	ia Statu	ites. I further

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0/(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: