

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 628007 (7)

1. Corporation Name

FENCO, INC.



Principal Place of Business

Mailing Address

C/O CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

P.O. BOX 28
EDISTO ISLAND SC 29438

3. Date Incorporated or Qualified

06/29/1979

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 SAME
Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 P.O. Box 1257
City & State

23 Zip Country

28 Marathon, FL
Zip Country

24

25

29 33050

30

USA

4. FEI Number

62-1068551

Applicable 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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, type or print the name of registered agent and file if applicable.

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

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LYONS, WILLIAM E
STREET ADDRESS 8745 PALMETTO ROAD
CITY-ST-ZIP EDISTO ISLAND SC

TITLE STD
NAME LYONS, EDITH N
STREET ADDRESS 8745 PALMETTO ROAD
CITY-ST-ZIP EDISTO ISLAND SC

TITLE VD
NAME PORTER, DONALD R
STREET ADDRESS 17 LOCKWOOD BLVD.
CITY-ST-ZIP CHARLESTON SC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

1505 Sombbrero Blvd
Marathon, FL 33950

1505 Sombbrero Blvd
MARATHON, FL 33050

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wm. E. Lyons, President 6-17-96 305-7432163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized by

CR2E034 (3/96)