FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 4:28

DOCUMENT # 666396 (7)

1. Corporation Name
CARL R. PENNINGTON, JR., P.A.

Principal Place of Business	Mailing Address
3375 A CAPITAL CIRCLE NE P.O. BOX 13527 TALLAHASSEE FL 32317-0527	P O BOX 10095 TALLAHASSEE FL 32302-2095 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1980
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 215 So. MONROE ST.
22 Suite, Apt. #, etc. 2ND FLOOR
23 City & State TALLAHASSEE, FL
24 Zip 32302
25 Country LEON

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

4. FEI Number: 59-1990872 ☐ 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

PENNINGTON, CARL R. JR.
3375-A CAPITAL CIRCLE NE
TALLAHASSEE FL 32317-0527

10. Name and Address of New Registered Agent

81 Name: CARL R. PENNINGTON, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 215 SOUTH MONROE STREET
83 2ND FLOOR
84 City: TALLAHASSEE FL 65 Zip Code: 32302

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT ☑ Change ☐ Addition
NAME	PENNINGTON, CARL R JR	1.2 NAME	CARL R. PENNINGTON, JR
STREET ADDRESS	3375 A CAPITAL CIRCLE NE	1.3 STREET ADDRESS	215 SOUTH MONROE STREET, 2ND FLOOR
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	S	2.1 TITLE	S ☑ Change ☐ Addition
NAME	WILKINSON, BEN H	2.2 NAME	BEN H. WILKINSON
STREET ADDRESS	3375 A CAPITAL CIRCLE NE	2.3 STREET ADDRESS	215 SOUTH MONROE STREET, 2ND FLOOR
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: _____ 1-19-95 Date 904-222-3583 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
CARL R. PENNINGTON, JR., PRESIDENT

0020382 CP