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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

666396

CARL	R. PENNINGTON, JR.,	P.A.					
nnicipal Place of Business 215 SOUTH MONROE ST 2ND FLOOR TALLAHASSEE FL 32302 US		Mailing Address 215 SOUTH MONROE STREET 2ND FLOOR TALLAHASSEE FL 32302 US		I ADDAID BAIRD OPEN QUIDO SILIE	u fuicu a rfi u luli (5(6)) 5 6 5	\$ 4
				3. Date incorporated or Qualified 04/10/1980		of Last Re	
Principal Pie	ace of Business	2a. Mailing Address		4. FEI Number			Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.		59-1990872 5. Certificate of Status Desired			Not Applicable Additional
City & State	· <u>-</u>	Crty & State		6. Election Campaign Financing			Required May Be
	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution		Added	to Fees
Zip 	Country 25	Zip 29	Country 30	This corporation has liability fo Florida Statutes	orintangible ta as 🔲 No	x under s	199.032,
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New	Registered /	Agent	
PENNINGTON, CARL R 215 SOUTH MONROE STREET 2ND TALLAHASSEE FL 32302			82 Street Ad . 83 84 City	ldress (P.O. Box Number is Not Accepta	able)	85 Zij	o Code
or register familiar wit	ed agent, or both, in the State of F h, and accept the obligations of, S	lorida. Such change was author Section 607.0505, Florida Statute	ized by the corporation's bo es.	poration submits this statement for the popard of directors. I hereby accept the ap	xpointment as	registerea	agent, ram
GNATURE .	n, and accept the obligations of, S Signature, typed or printed name of registered a OFFICERS	ection 607.0505, Florida Statuti bent and the francicable (f AND DIRECTORS	BS. NOTE: Registered Agent signature requi		ÓATE FFICERS AND	DIRECTO	RS IN 12
GNATURE .	In, and accept the obligations of, S Sky at its, typed or printed name of registered a	portion 607.0505, Florida Statute portion of the disposicable (florida Statute AND DIRECTORS DELETE JR STREET, 2ND FLOOR	8S. NOTE: Registered Agent signature requ	ired when reinstating)	ÓATE FFICERS AND		
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SIGNATURE: