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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 666396

1. Corporation Name

CARL R. PENNINGTON, JR., P.A.

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Principal Place	e of Business	Mailing Address				1		I OLDIŞ EHBƏL DIQLI		
215 SOUTH MONROE ST 2ND FLOOR TALLAHASSEE FL 32302		215 SOUTH MONROE STREET 2ND FLOOR TALLAHASSEE FL 32302			,	DO NOT WRITE IN TH	IS SPACE			
US		US			3	,	Date Incorporated or Qualifed			
	;	0- 14-11- 4-1					04/10/1980	1.1.	L 15	
7	Place of Business	2a. Mailing Address			1	- 1	FEI Number		pplied For	
21	#	Suite, Apt. #, etc.				!;	59-1990872		ot Applicable Additional	
Suite, Apt.	#, etc.	27			5	5., C	Certifcate of Status Desired		equired	
City & Stat	te *	City & State			6	6. E	Election Campaign Financing	\$5.00	May Be	
23	# 3 #	28				1	Trust Fund Contribution	Added	to Fees	
Zip	Country Zip			Country			8. This corporation owes the current year Intangible			
24	25	29 36	0		10		Personal Property Tax. Name and Address of New Registere			
* 1.	9. Name and Address of Curre	nt registered Agent	81	Name	- 10	<u> </u>	name and Address of New Registere	u Ayeill		
PFN	ININGTON, CARL R			110,110						
	SOUTH MONROE STREET		82	Street	Address ((P.C	O. Box Number is Not Acceptable)			
2ND			83			Ť	1.3		14 (a)	
:TALI	LAHASSEE FL 32302		-			<u> </u>		<u> </u>	<u> </u>	
	<u> </u>		84	City		i	F	85 Zip	Code * 1	
office or r	registered agent, or both, in the State	e of Florida. Such change was auth	norized by	the corpo	corporation s to	ion : boa	submits this statement for the purpose and of directors. I hereby accept the app	of changing its ointment as re	registered egistered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	a Statutes	•		-				
SIGNATURE										
SIGNATURE	Clanature, hiped or printed game of registered age	ent and title if applicable (NOTE: Re	nnistarad Anan	t sianatura r	onuired wher	n reir	netation) DATE			
4	Signature, typed or printed name of registered age OFFICERS A		egistered Agen	t signature r	equired wher			AND DIRECTO	DRS IN 12	
12.	OFFICERS A	ent and title if applicable. (NOTE: Re ND DIRECTORS DELETE	13.	t signature r	equired when		nstating) DATE DDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12	
12.	OFFICERS A	ND DIRECTORS	13.	t signature r	required wher		0,			
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14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

850/222-3533

Feb 09, 1999 8:00 am Secretary of State

02-09-1999 90008 007 ***150.00