

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F03112** (2)

1. Corporation Name
PENN-MAR, INC.

Principal Place of Business Mailing Address
6711 26TH COURT EAST 6711 26TH COURT EAST
P O BOX 606 P O BOX 606
ONECO FL 34264 ONECO FL 34264

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/24/1980** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

25 Country 30 Country

4. FEI Number **59-2097242** 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

10. Name and Address of New Registered Agent

SHRUM, EDWARD EARL
2432 LANDINGS CIRCLE
BRADENTON FL 34209

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHRUM, EDWARD EARL
STREET ADDRESS	2432 LANDINGS CIRCLE
CITY-ST-ZIP	BRADENTON, FL 00000
TITLE	CD
NAME	HOLMAN, ROBERT H
STREET ADDRESS	6711 26TH CT EAST
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	SHRUM, PENELOPE L
STREET ADDRESS	2432 LANDINGS CIRCLE
CITY-ST-ZIP	BRADENTON FL
TITLE	VO
NAME	ARCIONI, LOUIS R.
STREET ADDRESS	3211 AVON LANE
CITY-ST-ZIP	BRADENTON FL
TITLE	STD
NAME	ANDERSON, BARBARA J.
STREET ADDRESS	4314 11TH AVENUE EAST
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	HOLMAN, DIANE
STREET ADDRESS	6711 26TH CT EAST
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	C/O/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLMAN, ROBERT H.
2.3 STREET ADDRESS	6711 26TH CT EAST
2.4 CITY-ST-ZIP	SARASOTA, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 liquidator 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 new attachment will be attached.

SIGNATURE:

E. Earl Shrum
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

E. EARL SHRUM 3-17-95 813-758-8468
PRESIDENT Date Daytime Phone #