

**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.)**

**APPROVED  
AND  
FILED**

**1996 SEP 20 PM 10: 35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**400001968864  
-10/09/96--01034--008  
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PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F03112 (2)**  
 1. Corporation Name  
**PENN-MAR, INC. AMENDED REPORT**

Principal Place of Business <b>6711 26TH COURT EAST P O BOX 606 ONECO FL 34264</b>	Mailing Address <b>P O BOX 606 ONECO FL 34264</b>
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2. Principal Place of Business 21 <b>6711 26TH COURT EAST</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>10/24/1980</b>	3a. Date of Last Report <b>03/18/1996</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2097242</b>	Applied For Not Applicable
City & State 23 <b>SARASOTA, FL</b>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24 <b>34243</b>	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent <b>SHRUM, EDWARD EARL 2432 LANDINGS CIRCLE BRADENTON FL 34209</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code <b>FL</b>	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHRUM, EDWARD EARL</b>		1.2 NAME <b>SHRUM, EDWARD EARL</b>	
STREET ADDRESS <b>2432 LANDINGS CIRCLE</b>		1.3 STREET ADDRESS <b>2432 LANDINGS CIRCLE</b>	
CITY-ST-ZIP <b>BRADENTON FL</b>		1.4 CITY-ST-ZIP <b>BRADENTON FL 34209</b>	
TITLE <b>CDV</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>CDV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLMAN, ROBERT H</b>		2.2 NAME <b>HOLMAN, ROBERT H</b>	
STREET ADDRESS <b>6711 26TH CT EAST</b>		2.3 STREET ADDRESS <b>907 NELSON DRIVE</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>		2.4 CITY-ST-ZIP <b>MELBOURNE FL 32940</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHRUM, PENELOPE L</b>		3.2 NAME	
STREET ADDRESS <b>2432 LANDINGS CIRCLE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLMAN, DIANE</b>		4.2 NAME	
STREET ADDRESS <b>6711 26TH COURT EAST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**E. EARL SHRUM, PRESIDENT**

Date: **9-17-96** Daytime Phone #: **941-756-8468**

CR2E034 (3/96)

*152  
10/20/96*