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 FEB -9 AM 10:15

DOCUMENT # F42610 (8)

1. Corporation Name
FENNER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1516 E. COLONIAL DR., #120E ORLANDO FL 32803	106 TAINE MT. ROAD BURLINGTON CT 06013 - 1913 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 106 TAINE MT. RD	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BURLINGTON CT	City & State 28
Zip / Country 24 06013 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/31/1981
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2117362 ☐ 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
JENNINGS, DONNA M 2414 SHEFFIELD AVE ORLANDO FL 32806	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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FENNER, JAMES H	1.2 NAME	MOUNTAIN
STREET ADDRESS	106 TAINE MAOUNTAIN RD	1.3 STREET ADDRESS	not MAOUNTAIN
CITY-ST-ZIP	BURLINGTON CT 06013-1913	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JENNINGS DONNA M	2.2 NAME	
STREET ADDRESS	2414 SHEFFIELD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	DIRECTOR
TITLE		3.1 TITLE →	☐ Change ☒ Addition
NAME		3.2 NAME	MARILYN B. FENNER
STREET ADDRESS		3.3 STREET ADDRESS	106 TAINE MOUNTAIN ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BURLINGTON CT 06013 - 1913
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: James H. Fenner - JAMES H. FENNER 1/25/95 203-673-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303006 FP