

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005502 (0)

1. Corporation Name

JENNINGS COMPANY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 989  
DEROPOLIS AL 36732

P.O. BOX 989  
DEROPOLIS AL 36732



|                                |             |                         |             |                                                                                                                                                             |  |                                       |  |
|--------------------------------|-------------|-------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified<br>12/03/1993                                                                                                             |  | 3a. Date of Last Report<br>10/16/1995 |  |
| 21                             | 26          |                         |             | 4. FEI Number<br>63-0744837                                                                                                                                 |  | Applied For<br>Not Applicable         |  |
| 22. Suite, Apt. #, etc.        |             | 27. Suite, Apt. #, etc. |             | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   |  | \$8.75 Additional Fee Required        |  |
| 23. City & State               |             | 28. City & State        |             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             |  | \$5.00 May Be Added to Fees           |  |
| 24. Zip                        | 25. Country | 29. Zip                 | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |  |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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                                           |

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 reg. agent and the corporation

(NOTE: Registered Agent signature required when re-registering)

Date

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|-------------------------------------------------------|--|
| TITLE                      | PC                 | 1.1 TITLE                                             |  |
| NAME                       | JENNINGS, GEORGE V | 1.2 NAME                                              |  |
| STREET ADDRESS             | 1900 OLIVE         | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | DEMOPOLIS AL       | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | V                  | 2.1 TITLE                                             |  |
| NAME                       | BROWN, KEVIN       | 2.2 NAME                                              |  |
| STREET ADDRESS             | 1001 CEDAR ST.     | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | DEMOPOLIS AL       | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 3.1 TITLE                                             |  |
| NAME                       |                    | 3.2 NAME                                              |  |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 4.1 TITLE                                             |  |
| NAME                       |                    | 4.2 NAME                                              |  |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 5.1 TITLE                                             |  |
| NAME                       |                    | 5.2 NAME                                              |  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 6.1 TITLE                                             |  |
| 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

334 289 4433

CR2E034 (3/96)