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 APR 12 PM 10:03

DOCUMENT # **F94000005517 (7)**

1. Corporation Name
PALMERS INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 2468 LARGO FL 34649	P.O. BOX 2468 LARGO FL 34649

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3269996 ☐ 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
WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	1.1 TITLE	V/S	☒ Change ☐ Addition
NAME	PALMER, ROBERT C	1.2 NAME	WILLIAM R. PALMER	
STREET ADDRESS	10265 ULMERTON ROAD #207	1.3 STREET ADDRESS	11874 94TH AVE NO.	
CITY-ST-ZIP	LARGO FL 34641	1.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	PALMER, WILLIAM R	2.2 NAME	MARJORIE PALMER	
STREET ADDRESS	11874 94TH AVENUE NO.	2.3 STREET ADDRESS	11874 94TH AVE. NO.	
CITY-ST-ZIP	SEMINOLE FL 34642	2.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, MARJORIE	3.2 NAME		
STREET ADDRESS	11874 94TH AVENUE NO.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, EUGENIA	4.2 NAME		
STREET ADDRESS	10265 ULMERTON ROAD #207	4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34641	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 added on an attachment with an address.

SIGNATURE: Robert C. Palmer Pres. 3/27/95 813-586-4230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT C. PALMER

0460089 FP