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

APPROVED AND FILED

'95 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04616 (3)

1. Corporation Name

PENNINGTON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% ARNOLD D. PENNINGTON 2431 ALOMA AVE STE 286 WINTER PARK FL 32792	% ARNOLD D. PENNINGTON 6959 STAPOINT CT #J WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2961989	☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No	

	2. Principal Place of Business	2a. Mailing Address
21/26	6959 STA POINT CT	
Suite, Apt. #, etc. 22/27	SUITE J	
City & State 23/28	WINTER PARK, FL	
Zip 24/29	32792	
Country 25/30	U.S.A.	

9. Name and Address of Current Registered Agent

PENNINGTON, ARNOLD D.
2431 ALOMA AVE STE 286
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

31 Name: ARNOLD D. PENNINGTON
32 Street Address (P.O. Box Number is Not Acceptable): 6959 STA POINT CT.
33: SUITE J
34 City: WINTER PARK FL 35 Zip Code: 32792

11. Pursuant to the provisions of Section 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] ARNOLD D. PENNINGTON - PRESIDENT 3-21-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	11 TITLE	☐ Change ☐ Addition
NAME	PENNINGTON, ARNOLD D.	12 NAME	
STREET ADDRESS	6959 STAPOINT CT STE J	13 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	FRANK, ALLEN R.	22 NAME	
STREET ADDRESS	6959 STAPOINT CT STE J	23 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: [signature] ARNOLD D. PENNINGTON 3-21-95 407-679-2214
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

04165D1 FP