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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # M71914 (9)HENRY W. PICKERSGILL AND COMPANY, INC. Principal Place of Business Mailing Address 26231 MOUNTAIN LK RD. 26231 MOUNTAIN LK RD. BROOKSVILLE FL 34602 **BROOKSVILLE FL 34602** 3. Date incorporated or Qualified 3a. Date of Last Report 03/15/1988 03/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0035412 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Country 8. This corporation has liability for intangible tax under s. 199 032.

Florida Statutes Yes X No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PICKERSGILL, HENRY W. 26231 MOUNTAIN LAKE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **BROOKSVILLE FL 34602** 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Signature 3, ped or pented name of registered agent and trief applicable (NOTE Registered Agent signature required when remaining) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TIFLE D DELETE 1.1 TIT: F Change Addition NAME PICKERSGILL, HENRY W. 1.2 NAME CR2E034 26231 MOUNTAIN LAKE ROAD STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL** CHY-ST-ZIP 1.4 CITY - ST- 712 TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHTY-ST-ZIP TITLE DELETE 4.1 TillE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE STIME Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Add-tion 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)(x). Florida Statutes if further certify that the information indicated on this annual report or supplied entail annual report is true and accurate and that myis gnature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the releven or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

k 13 if changed, or on an a

that my name appears in Block 12 or Big

6-11-96 352-754-1777