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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M86246** **(9)**

1. Corporation Name
THE FENNELLS, INC.

Principal Place of Business
% SALON FENNELL
28 S. PALAFOX
PENSACOLA FL 32501

Mailing Address
4608 LENNOX PLACE
PENSACOLA FL 32514-6640

3. Date Incorporated or Qualified: **06/15/1988**	3a. Date of Last Report: **08/14/1996**
4. FEI Number: **59-2902953**	☐ 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	

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

FENNELL, PHILLIP
4608 LENNOX PLACE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: Fennell, Phillip
82 Street Address (P.O. Box Number is Not Acceptable): ~~4608 Lennox~~ 11450 Floridale Dr
83
84 City: Milton **FL** 85 Zip Code: 32583

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, type 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: PST	☐ DELETE	1.1 TITLE: PST	☒ Change	☐ Addition
NAME: FENNELL, PHILLIP		1.2 NAME: Fennell, Phillip		
STREET ADDRESS: 4608 LENNOX PLACE		1.3 STREET ADDRESS: 11450 Floridale Dr		
CITY-ST-ZIP: PENSACOLA FL		1.4 CITY-ST-ZIP: Milton, Fla 32583		
TITLE: VD	☐ DELETE	2.1 TITLE: VD	☒ Change	☐ Addition
NAME: FENNELL, BARBARA		2.2 NAME: Fennell Barbara		
STREET ADDRESS: 4608 LENNOX PLACE		2.3 STREET ADDRESS: 11450 Floridale Dr		
CITY-ST-ZIP: PENSACOLA FL		2.4 CITY-ST-ZIP: Milton Fla 32583		
TITLE:	☐ DELETE	3.1 TITLE:	☐ Change	☐ Addition
NAME:		3.2 NAME:		
STREET ADDRESS:		3.3 STREET ADDRESS:		
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:		
TITLE:	☐ DELETE	4.1 TITLE:	☐ Change	☐ Addition
NAME:		4.2 NAME:		
STREET ADDRESS:		4.3 STREET ADDRESS:		
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:		
TITLE:	☐ DELETE	5.1 TITLE:	☐ Change	☐ Addition
NAME:		5.2 NAME:		
STREET ADDRESS:		5.3 STREET ADDRESS:		
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:		
TITLE:	☐ DELETE	6.1 TITLE:	☐ Change	☐ Addition
NAME:		6.2 NAME:		
STREET ADDRESS:		6.3 STREET ADDRESS:		
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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] **RECEIVED** 4-23-97 504-469-6031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #