

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 FEB -9 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P00135 (4)

1. Corporation Name

LOUIS E. PENNISTON AND ASSOCIATES, INC.

Principal Place of Business

1811 N. MERIDIAN ST.
INDIANAPOLIS IN 46202

Mailing Address

C/O LOUIS E. PENNISTON
4109 SE 19TH PLACE
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
12/01/1983

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

35-1294309

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

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

PENNISTON, LOUIS E.
4109 SE 19TH PLACE
APT. 104
CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PENNISTON, LOUIS E.
STREET ADDRESS 4109 SE 19TH PLACE
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 100001712831
1.4 CITY-ST-ZIP -09/01/95--01013--007

TITLE STD ☐ DELETE
NAME PENNISTON, JEAN C.
STREET ADDRESS 4109 SE 19TH PLACE
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS ***375.00
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME LIFE, ROBERT
STREET ADDRESS 1811 N. MERIDIAN ST.
CITY-ST-ZIP INDIANAPOLIS IN

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 100001712831
3.3 STREET ADDRESS -02/13/96--01007--001
3.4 CITY-ST-ZIP *****50.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SCC 2-9-96

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LOUIS E. PENNISTON

LOUIS E. PENNISTON

1/15/96

941-541-8496

CR2E034 (12/95)