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

DOCUMENT # P93000042090 (9)

1. Corporation Name

V. R. PENSYL & SON'S INC.

Principal Place of Business	Mailing Address
355 DESOTO CT EGLIN A.F.B. FL 32542-1103	355 DESOTO CT EGLIN A.F.B. FL 32542-1103

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 07/07/1995
4. FEI Number: 59-3189720 ☐ 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	2a. Mailing Address
21 6702 BEDFORD OAK DR.	26 6702 BEDFORD OAK DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KEYSTONE HEIGHTS FL.	City & State 28 KEYSTONE HEIGHTS, FL
Zip 24 32656 Country 25	Zip 29 32656 Country 30

9. Name and Address of Current Registered Agent

PENSYL, VAUGHN R
355 DESOTO CT
EGLIN A.F.B. FL 32542-1103

10. Name and Address of New Registered Agent

81 Name: PENSYL, VAUGHN R.
82 Street Address (P.O. Box Number is Not Acceptable): 6702 BEDFORD OAK DR.
83
84 City: KEYSTONE HEIGHTS FL 85 Zip Code: 32656

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] DATE: 4-23-96

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	PENSYL, VAUGHN R	
STREET ADDRESS	355 DESOTO CT	
CITY-ST-ZIP	EGLIN A.F.B. FL 32542-1103	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	PENSYL, VAUGHN R.	
1.3 STREET ADDRESS	6702 BEDFORD OAK DR.	
1.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL. 32656	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: [signature] V.R. PENSYL — 4-23-96 — 904-473-1146

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

CR2E034 (12/95)