

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000056929 (1)

1. Corporation Name
PENNINGTON BROTHERS, INC.



Principal Place of Business 2 EAST 12TH ST. ST. CLOUD FL 34769	Mailing Address P.O. BOX 701901 ST CL 34770-1901 US
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2. Principal Place of Business 21 829-2 W. THARPE ST.		2a. Mailing Address 26 829-2 W. THARPE ST.		3. Date Incorporated or Qualified 08/13/1993	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3197054	Applied For Not Applicable
22 City & State TALLAHASSEE, FL.		27 City & State TALLAHASSEE, FL.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip 32303		28 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent FOUST, KATHLEEN M 17 S. ORLANDO AVE. KISSIMMEE FL 34741		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		B5 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE: *Michael W. Pennington* 2/30/97 406-586-9726

CP2E034 (9/96)