

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000036907 (1)**

1. Corporation Name

PENNYWISE CORPORATION

Principal Place of Business

Mailing Address

**7512 DR. PHILLIPS BLVD., STE. 232
ORLANDO FL 32819**

**4119 3RD AVENUE NE
BRADENTON FL 34208
US**



2. Principal Place of Business

2a. Mailing Address

21 **4119 3rd AVE NE**

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 **BRADENTON FL**

28

24 Zip

25 Country

29 Zip

30 Country

34208

US

34208

US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/12/1994

05/01/1995

4. FEI Number

Applied For

59-3243070

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

10. Name and Address of New Registered Agent

81 Name

ANN D RICHELIEU

82 Street Address (P.O. Box Number is Not Acceptable)

4119 3rd AVE NE

83

84 City

BRADENTON

FL

85 Zip Code

34208

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

6/11/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P FOWLER, RON**
STREET ADDRESS **7512 DR. PHILLIPS BLVD., STE. 232**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **D RICHELIEU, ANN D.**
STREET ADDRESS **4119 3RD AVENUE NE**
CITY-ST-ZIP **BRADENTON FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

SIGNATURE:

ANN D. RICHELIEU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 941-747-2882

CR2E034 (3/96)