SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050809 (0)**

1. Corporation Name
PRESNELL, INC.

Principal Place of Business	Mailing Address
1933 COUNTY ROAD 30 PORT ST JOE FL 32456	1933 COUNTY ROAD 30 PORT ST JOE FL 32456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 John Presnell (Res.)	26 John Presnell
Suite, Apt. #, etc. 22 2093 CR 30 SR 1 Box 108	Suite, Apt. #, etc. 27 HR 1 BOX 108
City & State 23 Port St Joe, Fl	City & State 28 Port St. Joe, Fl.
Zip 24 32456 Country 25 Gulf	Zip 29 32456 Country 30 Gulf

4. FEI Number: 59-3260303 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRESNELL, JOHN B 1933 COUNTY ROAD 30 PORT ST. JOE FL 32456	81 Name: John Presnell 82 Street Address (P.O. Box Number is Not Acceptable): 2093 CR 30 83 84 City: Port St Joe FL 85 Zip Code: 32456

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: John B. Presnell — 6-6-95
Signature, typed 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	D	11 TITLE		☐ Change ☐ Addition
NAME	PRESNELL, LEWIS O	12 NAME		
STREET ADDRESS	5502 TRAVIS RD.	13 STREET ADDRESS		
CITY ST ZIP	GREENWOOD IN 46143	14 CITY ST ZIP		
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	PRESNELL, JOHN B	22 NAME		
STREET ADDRESS	STAR RT. 1 BOX 108	23 STREET ADDRESS	HR 1 BOX 108	
CITY ST ZIP	PORT ST. JOE FL 32456	24 CITY ST ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	PRESNELL, PRESTON P	32 NAME		
STREET ADDRESS	RT 3B BOX 544	33 STREET ADDRESS	HR 1 Box 91	
CITY ST ZIP	PORT ST. JOE FL 32456	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: John B. Presnell — 6-6-95 — 904-227-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130704 FP