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 # **P94000050809 (0)**

1. Corporation Name

PRESNELL, INC.

Principal Place of Business

2093 CR 30
PORT ST JOE FL 32456
US

Mailing Address

C/O JOHN PRESNELL
HR 1 BOX 108
PORT ST JOE FL 32456
US

3. Date Incorporated or Qualified: 07/05/1994

3a. Date of Last Report: 08/01/1995

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

2. Principal Place of Business: CR 30
21 ~~HR 1 Box 110~~
Suite, Apt #, etc.
22 2093
City & State
23 Port St. Joe, Fl
Zip
24 32456
County
25 Gulf

2a. Mailing Address
26 HR 1 Box 108
Suite, Apt #, etc.
27
City & State
28 Port St. Joe, Fl.
Zip
29 32456
County
30 Gulf.

9. **Name and Address of Current Registered Agent**

PRESNELL, JOHN B
2093 CR 30
PORT ST JOE FL 32456

10. **Name and Address of New Registered Agent**

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 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE John Presnell DATE 1-17-96

12.	OFFICERS AND DIRECTORS	
TITLE	D	[ ] DELETE
NAME	PRESNELL, LEWIS O	
STREET ADDRESS	5502 TRAVIS RD.	
CITY-ST-ZIP	GREENWOOD IN 46143	
TITLE	D	[ ] DELETE
NAME	PRESNELL, JOHN B	
STREET ADDRESS	HR 1 BOX 108	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE	D	[ ] DELETE
NAME	PRESNELL, PRESTON P	
STREET ADDRESS	HR 1 BOX 91	
CITY-ST-ZIP	PORT ST. JOE FL	
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		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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)(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 the address.

SIGNATURE: John B. Presnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96
~~1-17-96~~ / 904-227-2254
DATE / DAYTIME PHONE

CR2E034 (12/95)