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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
HR 1 BOX 108
PORT ST JOE FL 32457-0108
US



2. Principal Place of Business

21 Suite Apt. # etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 2093 CR 30

27 Suite, Apt. #, etc.

28 City & State

Port St Joe, FL

29 Zip Country

32457-0108 Gulf

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

04/02/1996

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

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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-97

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 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

1-20-97

Date

Daytime Phone: #

CR2E034 (9/96)