

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

REINSTATEMENT 1996
FILED 11/28/96
96 NOV -4 AM 11:00
11-6-96
SECRETARY OF STATE
TAMM

DOCUMENT # P95000091371 (1)

1. Corporation Name

JENNY'S SHEPS N TRIPS INC.

Principal Place of Business

4051 CENTAVO CT
SPRING HILL FL 34607

Mailing Address

4051 CENTAVO CT
SPRING HILL FL 34607

3. Date Incorporated or Qualified 11/28/1995	3a. Date of Last Report
4. FEI Number 593349096	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARPENTER, VIRGINIA A 4051 CENTAVO CT SPRING HILL FL 34607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City

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 *Virginia A Carpenter* President 8/31/96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	800001998518
NAME	CARPENTER, VIRGINIA A	1.2 NAME	-11/07/96-01015-017
STREET ADDRESS	4051 CENTAVO CT	1.3 STREET ADDRESS	***158.75 ***158.75
CITY-ST-ZIP	SPRING HILL FL 34607	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	800001998518
NAME	CARPENTER, JOHN H	2.2 NAME	-11/07/96-01015-018
STREET ADDRESS	4051 CENTAVO CT	2.3 STREET ADDRESS	***225.00 ***225.00
CITY-ST-ZIP	SPRING HILL FL 34607	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(g), 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.

Virginia A Carpenter 8/31/96 352 596 6070