FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000030637 (9) **DOCUMENT #**

PETTINGELL, INC.



Principal Place	of Business	Mailing .	Address	····		···-· 	1 14811444 114 14141 A141 A8111 A81	!!! QQ !!! 1	I B erra 1640 i Maria de	1188 (1111) (MB) (MB)
5341 GREEN ORLANDO F			GREENSIDE CT ANDO FL 32819							
							3. Date Incorporated or Qualified 04/14/1995	3a.	Date of Last F	Report
2. Principal Pla	ace of Business	2a. Mali	ng Address				4. FEI Number			Applied For
21		26					59-33/396	60		Not Applicable
Suite, Apt. #	i, etc.	Suite 27	Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired			5 Additional Required
City & State		₁					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29		30 Cou	ntry		8. This corporation has liability for Florida Statules			199.032,
	9. Name and Address of Curre	ent Registered	Agent				10. Name and Address of New F	Registe	red Agent	
		and an			81	Name				
PETTINGELL, RICHARD G					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
5341 GREENSIDE CT					-	Direct Addi	1033 (* 101 201 110 110 110 110 110 110 110 110			
	DO FL 32819			,	83					
					84	City	· · · · · · · · · · · · · · · · · · ·		85 Z	ip Code
					-	Unity			FL " -	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE _	Signature, typed or printed hank of registured agr OFFICERS A	on a differ tappical ND DIRECTOR		OTE Registered 13.	Ager	nt signature reduire	ed wher renshaling: ADDITIONS/CHANGES TO OFF		ATE AND DIRECTO	ORS IN 12
TITLE	DPST		DELETE	1.11	ITLE				Change	☐ Addition
NAME	PETTINGELL, RICHARD G			12 %	AME					
STREET ADDRESS	5341 GREENSIDE CT			138	REET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819				-	ST - ZIP				- 14 m
TI'LE			DELETE	2 1 1					☐ Change	Addition
NAME				22 N.						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	24C 3 1 1		61-71P			☐ Change	☐ Addition
NAME			_ beer te	3 2 N					[_] enange	
STREET ADDRESS				i i		T ADDRESS				
City-ST-ZIP						ST-7IP				
TITLE			DELETE	4 11					☐ Change	Addition
NAME				4 2 N					_	
STREET ADDRESS				438	IEEE I	LADORESS				
CITY-ST-ZIP				4.4 C	ITY-S	ST-7IP				
TITLE		,	DELE1E	5 1 1	ITLF				Change	☐ Addition
NAME				5 2 N	AMÉ					
STREET ADDRESS				538	TREET	T ADDRESS				
CHY-ST-ZIP						ST - ZIF				<u></u>
TITLE			DELETE	6 1⊺	IILE				☐ Change	☐ Addition
NAME				. 62 N		- 1				
STREET ADDRESS				635	TREE	LADDRESS				
CITY-ST-ZIP				640	ITY - S	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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN STORY OF SIGNING OFFICER OR DIRECTOR

JOHN STORY OF SIGNING OFFICER OR DIRECTOR