FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

904-723-2601

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000087616 (4)

FRED C PENDLEY INC.

Principal Place of Business

SIGNATURE:

6014 ROBBINS JACKSONVILLE		6014 ROBBINS CARCLE SOUTH JACKSONVILLE FL 32211-7526									
							3. Date Incorporated or Qualified 10/22/1996	3a. Da	e of Last	Report	
2. Principa Pi	ace of Business	2a. Mailing Address					4. FEI Number		[]	Applied For	
21		26					59-3412123		١	Not Applicable	
Surte, Apt	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Ζιρ 24	Country 25	Zip Cour 29 30			ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Current	Registered A	gent				10. Name and Address of New Re	gistered A	gent		
PEN	DLEY, FRED C				81	Name					
	ROBBINS CIRCLE SOUTH (SONVILLE FL 32211				82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
					83						
					84	City	6.00	FL	85 Zip	Code	
SIGNATURE	Styrial are by a disciplinated many of all planes again OFFICERS AND	t and little it applicat	1/				ion's board of directors. I hereby accepted when renstating) ADDITIONS/CHANGES TO OFFICE	1-6 DATE	-97		
TITLE	P OFFIcens And	LUINE CTOPES	DELETE	1.1 TIT	1 E		ADDITIONS/GHANGES TO OFFIC	JENO AND	Change		
NAME	PENDLEY, FRED C		L DEECH	1.2 NA					C Orange	, La radición	
STREET ADDRESS	6014 ROBBINS CIRCLE SOUTH	1				ADDRESS					
	JACKSONVILLE FL 32211			1.4 011							
CITY - ST - ZIP TITLE	VP		DELETE	2.1 111		1-24			☐ Change	Addition	
NAME	PENDLEY, WALTER W			2.2 NA							
STREET ADDRESS	2424 CALADIUM ROAD					ADDRESS					
CITY - ST - ZIP	JACKSONVILLE FL 32211			2. 4 CI	[y - S	ST-ZIP					
TITLE			DELETE	3.1 1/1					Change	Addition	
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 ST	RÉET	ADORESS					
CITY- ST-ZIP				3.4 CI	1Y-S	ST-21P					
THTLE			DELETE	4.1 14	LE		•		☐ Change	Addition	
NAME				4. 2 N/							
STREET ADORESS						ADDRESS					
CRY-ST ZIF			Doctor	4.4 CI	•	T-ZIP				4 aunta	
TATLE			DELETE	5 1 TH					Change	e [] Addition	
NAME				5 2 NA							
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CHTY-ST-ZIP			Detext	5 4 CI		1-719			Change	Addition	
TILF			☐ DELETE	61 Til		1				. Modition	
NAME				6 2 NA		+DPDCCC					
STREET ADDRESS				6.3 \$1	mttí	ADDRESS					

14. Loc 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 eath; that I am an officer or director of the corporation or the receiver or rustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if objugged, or on an attachment with an appears.