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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S73593 (3)

1. Corporation Name  
TEN PENNY, INC.

Principal Place of Business  
2353 FOXWORTH DR  
PANAMA CITY FL 32405-1828

Mailing Address  
2353 FOXWORTH DR  
PANAMA CITY FL 32405-1828



3. Date Incorporated or Qualified 08/12/1991  
3a. Date of Last Report 04/04/1996

2. Principal Place of Business  
21 1 EMERALD LAKE DR  
State, Apt. #, etc.

2a. Mailing Address  
26 1 EMERALD LAKE DR  
State, Apt. #, etc.

4. FEI Number 59-3110298  
Applied For  
Not Applicable

22 City & State  
23 PANAMA CITY BEACH, FL

27 City & State  
28 PANAMA CITY BEACH, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 32407 25 DAY  
29 32407 30 DAY

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, GEORGE E  
2353 FOXWORTH DR  
PANAMA CITY FL 32405

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

Sign, date, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	DAVIS, GEORGE E.	
STREET ADDRESS	450 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	DELETE
NAME	SKINNER, LORNE S.	
STREET ADDRESS	450 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	DELETE
NAME	FETTING, ROBERT A.	
STREET ADDRESS	450 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	DELETE
NAME	BOLTE, KIM	
STREET ADDRESS	450 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	DELETE
NAME	BELTRAMI, JOHN	
STREET ADDRESS	450 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	DELETE
NAME	DAVIS, DONNA M	
STREET ADDRESS	450 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97  
Date

(904) 230-5555  
Daytime Phone #

CR2E034 (9/96)