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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	UAL REPORT Secretary of State  1998 DIVISION OF CORPORATIONS		Secretary of State		
DOCU 1. Corporation	MENT # \$7359	93 (3)			
	PENNY, INC.	•			
Principal Plac	ce of Business	Mailing Address	<del></del>		
1 EMERALD		1 EMERALD LAKE DRIVE			
PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL US US			32407	DO NOT WRITE IN THI	S SPACE
00				3. Date Incorporated or Qualified	
A Delevition D	None of Decisions	Lon Malina Adding		08/12/1991	
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 59-3110298	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	10	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29 3	0	Personal Property Tax due June 30.	Yes No
				10. Name and Address of New Registers	d Agent
OATO, CEONOE E				one (D.O. Bey Number is Net Assentable)	
PANAMA CITY FL 32405			#   51	ress (P.O. Box Number is Not Acceptable)	
			83 Pava	MA CITY BEACH	
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	_
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was aut gations of, Section 607.0505, Florid	da Statutes.		ppointment as registered
SIGNATURE	Julian	400	DARNOSS C	hower	
12.	Structure Field or printed name of registered as OFFICERS AN	ND DIRECTORS	legistered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	DAVIS, GEORGE E.		1.2 NAME		
STREET ADDRESS	450 HARRISON AVE PANAMA CITY FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D PANAMA OITT PL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	SKINNER, LORNE S.		2.2 NAME		
STREET ADDRESS	450 HARRISON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	T on the	2.4 CITY-ST-ZIP	<del></del>	
TITLE NAME	FETTIG, ROBERT A.	☐ DELETE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	450 HARRISON AVE		3.3 STREET ADDRESS		ł
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY-SY-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	BOLTE, KIM	ı	4. 2 NAME		}
STREET ADDRESS	450 HARRISON AVE PANAMA CITY FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	BELTRAMI, JOHN		5.2 NAME		
STREET ADDRESS	450 HARRISON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	- I priest	5.4 CITY-ST-ZIP		
TITLE	i D	☐ DELETE	61 TITLE		Change Addition
	DAME DONNA 11		Canada		_
NAME STREET ADDRESS	DAVIS, DONNA M 450 HARRISON AVE		6.2 NAME 6.3 STREET ADDRESS		

14. I 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:

850-230-3321

**FILED** 

Feb 19 1998 8:00am