PROFIT CORPORATION ANNUAL REPORT

1995

Florida Department of State
Division of Corporations

DOCUMENT # S85376 (9)

1. Corporation Name

PEN & INC.

FILED
95 JUL 11 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
330 FIFTH AVENUE 790 ROBIN WAY SOUTH INDIALANTIC FL 32903 US	330 FIFTH AVENUE 790 ROBIN WAY SOUTH INDIALANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1991
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business	2a. Mailing Address
21 330 Fifth Avenue	26 330 Fifth Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Indialantic, FL	City & State 28 Indialantic, FL
Zip 24 32903 Country 25 U.S.	Zip 29 32903 Country 30 U.S.

4. FEI Number: 59-3093087 ☐ Applied For ☐ Not Applicable

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

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

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
HALE, JAMES D. 781-0 MARSAILLES DRIVE INDIALANTIC FL 32903	81 Name: HALE, JAMES D. 82 Street Address (P.O. Box Number is Not Acceptable): 3059 Rio Plumosa N. 83 84 City: Indialantic FL 85 Zip Code: 32903

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: James D. Hale, President — JAMES D. HALE — DATE: 6/29/95
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HALE, JAMES D.	1.2 NAME	HALE, JAMES D.	
STREET ADDRESS	781-0 MARSAILLES DRIVE	1.3 STREET ADDRESS	3059 Rio Plumosa N.	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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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)(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: James D. Hale, President — JAMES D. HALE — 6/29/95 — 407-952-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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