FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001519199
-06/21/95--01046--006
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V 39074 (2)

1. Corporation Name
W.M. JENNINGS, INC.

Principal Place of Business	Mailing Address
229 PENSACOLA ROAD VENICE, FL 34285	229 PENSACOLA ROAD VENICE, FL 34285

3. Date Incorporated or Qualified: 5-21-92
3a. Date of Last Report: 5-1-94

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 65-0337326 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRACY, DENNIS J.
229 PENSACOLA ROAD
VENICE, FL 34285

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	JENNINGS, WM. MITCHELL	12 NAME	
STREET ADDRESS	555 PARK AVENUE	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY 10021	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	6/20/95 MT

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 the 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: William M. Jennings, Jr. 6/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND

DOCUMENT # **V42485** **(5)**

1. Corporation Name

HERBERT R. PERKINS & ASSOCIATES, INC.

300001519853
-06/21/95--01100--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3737 WASHINGTON AVENUE SUITE 7 TITUSVILLE FL 32783	P.O. BOX 5933 TITUSVILLE FL 32783

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21 1600 SARNO ROAD
Suite, Apt. #, etc.
22 SUITE 113
City & State
23 MELBOURNE, FL
Zip 24 32935 Country 25 U.S.

2a. Mailing Address
26 P. O. BOX 521045
Suite, Apt. #, etc.
27
City & State
28 LONGWOOD, FL
Zip 29 32752-1045 Country 30 U.S.

4. FEI Number: 59-3130817 ☐ 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

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

9. Name and Address of Current Registered Agent

PERKINS, HERBERT R.
1405 CRICKET COURT
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: PERKINS, HERBERT R.
82 Street Address (P.O. Box Number is Not Acceptable): ~~P. O. BOX 521045~~ 1600 SARNO RD
83 SUITE 113
84 City: ~~LONGWOOD,~~ MELBOURNE FL 85 Zip Code: 32935-~~32752-1045~~

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 _____ DATE
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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	PERKINS, HERBERT R.	12 NAME	~~PERKINS, HERBERT R.~~	
STREET ADDRESS	P.O. BOX 5933 N/A	13 STREET ADDRESS	~~P. O. BOX 521045~~ 1600 SARNO RD.	
CITY ST ZIP	TITUSVILLE FL 32783	14 CITY ST ZIP	~~LONGWOOD, FL 32750-1045~~ MELBOURNE FL 32935	
TITLE		21 TITLE	PERKINS HERBERT R.	☒ Change ☐ Addition
NAME		22 NAME	P.O. Box 521045 N/A	
STREET ADDRESS		23 STREET ADDRESS	LONGWOOD, FL 32752-1045	
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

6/20/95

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: Herbert R. Perkins 4/12/95 800 588 2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410248 FP