

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90128 031 ***150.00

DOCUMENT # 228402

1. Corporation Name

PENINSULAR WAREHOUSE COMPANY, INC.

Principal Place of Business

A R ODELL JR
1610 INDUSTRIAL BLVD
JACKSONVILLE FL 32205
US

Mailing Address

A R ODELL JR
1610 INDUSTRIAL BLVD
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1959

4. FEI Number

59-0873670

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 J. R. O'Dell

2a. Mailing Address

26 J. R. O'Dell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

Zip Country

24 32254 25

Zip Country

29 32254 30

9. Name and Address of Current Registered Agent

O'DELL, J RUSSELL
237 ADAMS LANE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

J. R. O'Dell, President

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ODELL, J R
STREET ADDRESS 237 ADAMS LANE
CITY-ST-ZIP ORANGE PARK FL

TITLE STD ☐ DELETE

NAME ENGLISH, SHERROD O.
STREET ADDRESS 9721 CHESTERFIELD DR
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE V ☐ DELETE

NAME WHELESS, W. V.
STREET ADDRESS 139 CANOVA RD
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ DELETE

NAME O'DELL, J W
STREET ADDRESS 2978 INDIAN HILL DR
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

J. R. O'Dell, President

1-5-99

904-786-1811-20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)