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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 594493

(9)

PEEPLES CLOTHING AND SHOE ST				
Principal Place of Business 86345 FIFTH AVENUE ZEPHYRHILLS FL 33541	Mailing Address P.O. BOX 1058 ZEPHYRHILLS FL 33539-1058 US		F HEDIAL OLIVIA HOLLI ZHENS ANDA HANDE KIN OLDIN OLDIN OLDIN OLDIN ELON JURIN SAZIL	
			 Date Incorporated or Qualified 12/01/1978 	3a. Date of East Report 04/15/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1870345	Not Applicable
22 4140 CUATS ROAD	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zephyrhills, Florida Zip Country	Zip	Country	Trust Fund Contribution	Added to Fees
24 33541 25 Country 29 Country 20 PASCO	├─ ज़ ॔ }	30	This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032,
9. Name and Address of Current			10. Name and Address of New Reg	
PEEPLES, ERNEST		81 Name		
38345 FIFTH AVE.		82 Street Add	dress (P.O. Box Number is Not Acceptab	ө)
ZEPHYRHILLS, FLORIDA VA 33541		83	······································	
				** ***********************************
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	is, the above-named cor	rporation submits this statement for the pi	urpose of changing its registered. [
Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State cagent. Familiar with, and accept the obligat SIGNATURE Signature, based or cripted name of registered agent.				
	and title if applicable (NOTE	is, the above-named coruthorized by the corpora rida Statutes. Registered Agent signature required. 13.		DATE
SIGNATURE Signature typed or printed name of registered agent 12. OFFICERS AND TITLE PD	and title if applicable (NOTE	: Registered Agent signature requ	uired when reinstaling)	DATE
SIGNATURE Signature typed or crinted name of registered agent 12. OFFICERS AND IIILE PD NAME PEEPLES, ERNEST	and title if applicable (NOTE DIRECTORS	Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	ulfed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIFFECTORS IN 12
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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 PEEPLES

4-18-97

813-782-2989

FILED

Apr 24 1997 8:00am

Secretary of State