

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90036 024 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 594493**

1. Corporation Name  
**PEEPLES CLOTHING AND SHOE STORE, INC.**



Principal Place of Business  
**4140 COATS ROAD**  
**ZEPHYRHILLS FL 33541**  
 US

Mailing Address  
**P.O. BOX 1058**  
**ZEPHYRHILLS FL 33539**  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/01/1978**

4. FEI Number  
**59-1870345**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**PEEPLES, ERNEST**  
**38345 FIFTH AVE.**  
**ZEPHYRHILLS, FLORIDA VA 33541**

10. Name and Address of New Registered Agent

81 Name **ERNEST L. PEEPLES**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4140 COATS ROAD**

83

84 City **Zephyrhills** FL 85 Zip Code **33541**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PEEPLES, ERNEST                     | 1.2 NAME  |   |
| STREET ADDRESS             | 4140 COATS ROAD                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ZEPHYRHILLS FL                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VST <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PEEPLES, JIMMIE                     | 2.2 NAME  |   |
| STREET ADDRESS             | 4140 COATS ROAD                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ZEPHYRHILLS FL                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PEEPLES, JIMMIE                     | 3.2 NAME  |   |
| STREET ADDRESS             | 4140 COATS ROAD                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ZEPHYRHILLS FL                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 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: Jimmie Peeples SIGNATURE REQUIRED 4-8-99 (813) 782-2989  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0380487  
 CR2024 (11/99)