

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PM 12:30

DOCUMENT # 637430

(0)

1. Corporation Name

PEEBLES ENTERPRISES, INC.

Principal Place of Business

**P.O. BOX 38
WILDWOOD FL 34785**

Mailing Address

**P.O. BOX 38
WILDWOOD FL 34785**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/25/1979

3a. Date of Last Report

01/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-1965430

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

City & State

23

Zip Country

24

Country

City & State

27

Zip Country

28

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEEBLES, J.W.
322 SHOPPING CENTER DR
WILDWOOD FL 32785**

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

(Signature) Signature (printed name of registered agent and the registered agent)

(Signature) Signature (printed name of registered agent and the registered agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**PD
PEEBLES, J.W.
1004 CLEVELAND AVE
WILDWOOD FL**

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
PEEBLES, PAMELA KAY
2404 SE 18 CIRCLE
OCALA FL**

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**STD
LOCKE, MARGARET PEEBLES
1004 CLEVELAND AVE
WILDWOOD FL**

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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, respectively, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95

904-748-5341
(In this space)