

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **637430** (0)

PEEBLES ENTERPRISES, INC.



Principal Place of Business: P.O. BOX 38 WILDWOOD FL 34785  
 Mailing Address: P.O. BOX 38 WILDWOOD FL 34785

2. Principal Place of Business: 21 State App. #, 22 City & State, 23 Title, 24 Name, 25 Title, 26 State App. #, 27 City & State, 28 City, 29 County, 30 Zip

3. Date Incorporated or Qualified: 09/25/1979  
 3a. Date of Last Report: 01/17/1995  
 4. FEI Number: 59-1965430  
 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

9. Name and Address of Current Registered Agent

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

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 (FL)

11. Pursuant to the provisions of Sections 602.06(4) and 602.06(5)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office of both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accepting the appointment as registered agent, I am authorized to accept the obligations of Sections 602.06(4) and 602.06(5)(b), Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
12-1 NAME: PD PEEBLES, J.W.	<input type="checkbox"/> DELETE	13-1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 ADDRESS: 1004 CLEVELAND AVE WILDWOOD FL		13-2 STREET ADDRESS:	
12-3 CITY: D	<input type="checkbox"/> DELETE	13-3 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 NAME: PEEBLES, PAMELA KAY		13-4 NAME:	
12-5 ADDRESS: 2404 SE 18 CIRCLE Ocala FL		13-5 STREET ADDRESS:	
12-6 CITY: STD	<input type="checkbox"/> DELETE	13-6 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 NAME: LOCKE, MARGARET PEEBLES		13-7 NAME:	
12-8 ADDRESS: 1004 CLEVELAND AVE WILDWOOD FL		13-8 STREET ADDRESS:	
12-9 CITY:	<input type="checkbox"/> DELETE	13-9 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-10 NAME:		13-10 NAME:	
12-11 ADDRESS:		13-11 STREET ADDRESS:	
12-12 CITY:	<input type="checkbox"/> DELETE	13-12 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-13 NAME:		13-13 NAME:	
12-14 ADDRESS:		13-14 STREET ADDRESS:	
12-15 CITY:	<input type="checkbox"/> DELETE	13-15 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-16 NAME:		13-16 NAME:	
12-17 ADDRESS:		13-17 STREET ADDRESS:	
12-18 CITY:		13-18 CITY, STATE, ZIP:	

14. I declare, on penalty that the information supplied with this filing is true and correct and that I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information furnished here is a true and correct copy of the annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I shall be an officer of this Corporation or Director or authorized agent to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in a separate block with an address.

SIGNATURE: *J.W. Peebles*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 J.W. PEEBLES

1/15/96 352-748-5341

CR2E034 (12/95)