

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000562 (9)**
1. Corporation Name

PEEPLES' INDUSTRIES, INC.



Principal Place of Business: P.O. BOX 2253 SAVANNAH GA 31402
Mailing Address: P.O. BOX 2253 SAVANNAH GA 31402

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	29 Zip	24 Country	30 Country

3. Date Incorporated or Qualified 02/09/1993	3a. Date of Last Report 08/11/1995
4. FEI Number 58-1317514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BURCH, KEN
1921 HECKSCHER DRIVE
JACKSONVILLE FL 32226**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLES, FRANK K	1.2 NAME	
STREET ADDRESS	6001 CHATMAMN DENTER DR., SUITE 350	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31405	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLES, ELIZABETH C	2.2 NAME	
STREET ADDRESS	6001 CHATMAMN DENTER DR., SUITE 350	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31405	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYFIELD, E. GAY	3.2 NAME	
STREET ADDRESS	6001 CHATMAMN DENTER DR., SUITE 350	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31405	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUSE, DEBRA M	4.2 NAME	
STREET ADDRESS	6001 CHATMAMN DENTER DR., SUITE 350	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31405	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, JOHN R JR.	5.2 NAME	
STREET ADDRESS	6001 CHATMAMN DENTER DR., SUITE 350	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31405	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debra M. Strouse* **Debra M. Strouse** **4/16/96** **236-1865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone)

CR2E034 (12/95)