

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

APPROVED AND FILED

05 APR 27 AM 10:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H24291 (7)

**1. Corporation Name
PEBBLE CREEK SERVICE CORPORATION**

**Principal Place of Business Mailing Address
19651 BRUCE B. DOWNS SUITE A 1-5 TAMPA FL 33647 US
19651 BRUCE B. DOWNS SUITE A 1-5 TAMPA FL 33647 US**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 10/05/1984
3a. Date of Last Report 03/21/1994**

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 Mailing Address 2929 Allen Parkway Suite, Apt. #, etc. A36-01 Houston TX 77019 US	4. FEI Number 59-2478284 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	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
23 City & State	28 City & State	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip Country	29 Zip Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME TUTERS, PETERS STREET ADDRESS 2929 ALLEN PARKWAY CITY - ST - ZIP HOUSTON TX		1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GEISSINGER, FREDERICK W. STREET ADDRESS 2929 ALLEN PARKWAY CITY - ST - ZIP HOUSTON TX		2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVD NAME NICHOLAS, DONALD H. STREET ADDRESS 2929 ALLEN PARKWAY CITY - ST - ZIP HOUSTON TX		3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME KUPSTAS, LAWRENCE STREET ADDRESS 2929 ALLEN PARKWAY CITY - ST - ZIP HOUSTON TX		4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME ROWLETT, JOHN C. STREET ADDRESS 1509 W. SWANN AVENUE, STE 230 CITY - ST - ZIP TAMPA FL		5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME CLAPSADDE, DON R. STREET ADDRESS 2929 ALLEN PARKWAY CITY - ST - ZIP HOUSTON TX		6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(a), 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.

SIGNATURE: Otto B Gerlach III **Otto B Gerlach III** **4-20-95** **713-522-1111**