

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 # H24291

1. Corporation Name

PEBBLE CREEK SERVICE CORPORATION

Principal Place of Business

19651 Bruce B. Downs
Suite A 1-5
Tampa FL 33647

Mailing Address

2929 Allen Pkwy (A36-01)
Houston TX 77019

3. Date Incorporated or Qualified
10/05/1984

3a. Date of Last Report
04/20/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2478284

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324

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, typed or printed name of registered agent and term if applicable.

(NOTE: Registered Agent Separation required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Tuters, Peter	
STREET ADDRESS	2929 Allen Pkwy	
CITY-ST-ZIP	Houston TX 77019	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Geissinger, Frederick W.	
STREET ADDRESS	2929 Allen Pkwy	
CITY-ST-ZIP	Houston TX 77019	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Otto B Gerlach III	
STREET ADDRESS	2929 Allen Pkwy	
CITY-ST-ZIP	Houston TX 77019	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	Kupstas, Lawrence	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	Rowlett, John C.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE
NAME	Kendall, Joy A.	
STREET ADDRESS	2929 Allen Pkwy	
CITY-ST-ZIP	Houston TX 77019	

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-ST-ZIP	
2	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
2	STREET ADDRESS	100001792051
2	CITY-ST-ZIP	-04/24/96--01016--019
3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME	***200.00
3	STREET ADDRESS	
4	CITY-ST-ZIP	
4	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME	Kupstas, Lawrence
4	STREET ADDRESS	2929 Allen Pkwy.
4	CITY-ST-ZIP	Houston TX 77019
5	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	Rowlett, John C.
5	STREET ADDRESS	1509 W. Swann Avenue, Ste 230
5	CITY-ST-ZIP	Tampa FL
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
6	STREET ADDRESS	
6	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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Otto B Gerlach III Otto B Gerlach III

41-16-96

713-522-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone # 713-522-73-96

CR2E034 (12/95)