

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K72886 (0)

1. Corporation Name

S. ARTHUR PETERSON, INC. OF FLORIDA

Principal Place of Business

5530 W ATLANTIC AVE
DELRAY BEACH FL 33484

Mailing Address

5530 W ATLANTIC AVE
DELRAY BEACH FL 33484



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/15/1989		05/01/1995	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number		Applied For	
22		27		59-1406152		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
25		29		30		31	

9. Name and Address of Current Registered Agent

PETERSON, PAUL A. JR.
~~1035 NW 22ND AVE~~ 5530 W ATLANTIC AVE
DELRAY BEACH FL ~~33445~~ 33484

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 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

Paul A. Peterson Jr.

(NOTE: Registered Agent signature required when changing agent.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, PAUL A.	1.2 NAME	
STREET ADDRESS	1035 NW 22ND AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, ERIC D.	2.2 NAME	
STREET ADDRESS	1799 BANYAN CREEK CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, JAMES C.	3.2 NAME	
STREET ADDRESS	2180 NW 14TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, MICHAEL C.	4.2 NAME	
STREET ADDRESS	5530 W ATLANTIC AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Printed Name

CR2E034 (3/96)

6-19-96

6/6/96