

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 # **P94000060596 (1)**

1. Corporation Name

PEBBLE CREEK PLACE, INC.



Principal Place of Business

Mailing Address

3005 CARING WAY
PORT CHARLOTTE FL 33952

3005 CARING WAY
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified	3a. Date of Last Report
08/16/1994	04/20/1995
4. FEI Number	Applied For
65-0527070	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLACK, JAMES D
3005 CARING WAY
PORT CHARLOTTE FL 33952

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

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE:

W. J. Sutton
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registered)

4/5/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SLACK, JAMES D	2. NAME	
STREET ADDRESS	3005 CARING WAY	3. STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SUTTON, WELLINGTON J	2.2 NAME	
STREET ADDRESS	P.O. BOX 1255 (N/A)	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33951	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WHARTON, ROBERT L	3.2 NAME	
STREET ADDRESS	R.D. 9, BOX 221	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUCKHANNON WV 26201	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 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 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

W. J. Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

Date

941-639-7470

Dist. Phone #

CR2E034 (12/95)