

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0021067

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90159 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000042959**

1. Corporation Name  
**C. PEEPLES CONSTRUCTION, INC.**

Principal Place of Business 5690 PINE FOREST DRIVE ORANGE PARK FL 32073	Mailing Address P.O. BOX 1619 ORANGE PARK FL 32067-1619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2175 Kingsley Ave. Suite, Apt. #, etc. 22 Suite #311 City & State 23 Orange Park, FL Zip Country 24 32073 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 05/13/1996	4. FEI Number 59-3338223	Applied For 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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEEPLES, CLARENCE R 5690 PINE FOREST DRIVE ORANGE PARK FL 32073	10. Name and Address of New Registered Agent 81 Name Peoples, Clarence A. 82 Street Address (P.O. Box Number is Not Acceptable) 2175 Kingsley Ave. 83 Suite #311 84 City Orange Park FL 85 Zip Code 32073
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLES, CLARENCE	1.2 NAME	Peoples, Clarence
STREET ADDRESS	5690 PINE FOREST DR	1.3 STREET ADDRESS	2175 Kingsley Ave. #311
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 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	5.1 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	6.1 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Clarence R Peoples Clarence Peoples Date 4/29/99 Daytime Phone # (904) 276-4252

CR2E034 (11/98)