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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:22

DOCUMENT # **F96980** (0)

1. Corporation Name  
**AMERICAN PEAT COMPANY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
HWY 466 8183 E. CR 466  
OXFORD FL 34484 OXFORD FL 34484

3. Date Incorporated or Qualified **08/26/1982** 3a. Date of Last Report **03/17/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2214851** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LANGE, ROBERT V.  
8183 E. CR 466  
OXFORD FL 34484**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, ROBERT V.	1.2 NAME	
STREET ADDRESS	8183 E. CR 466	1.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL	1.4 CITY-ST-ZIP	
TITLE	TVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELL, WALKER DORMAN	2.2 NAME	
STREET ADDRESS	HODGES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, CAROL	3.2 NAME	
STREET ADDRESS	8183 E. CR 466	3.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, as indicated, or on an attachment with an address.

SIGNATURE: Robert V. Lange 1-27-95 904-748-5556  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Typed Name)