

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 # **F96980** (0)

1. Corporation Name
AMERICAN PEAT COMPANY, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1982	3a. Date of Last Report 01/31/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2214851	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LANGE, ROBERT V. 8183 E. CR 466 OXFORD FL 34484				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, ROBERT V.	12 NAME	
STREET ADDRESS	8183 E. CR 466	13 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL	14 CITY-ST-ZIP	
TITLE	TVD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELL, WALKER DORMAN	22 NAME	
STREET ADDRESS	HODGES ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	24 CITY-ST-ZIP	
TITLE	SVD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, CAROL	32 NAME	
STREET ADDRESS	8183 E. CR 466	33 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(4), 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: *Robert V. Lange* ROBERT V. LANGE 2/12/96 904-748-5556

CR2E034 (12/95)