

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 # 148328 (8)

1. Corporation Name

PEPPERCORN & PEPPERCORN INC



Principal Place of Business

5225 ALLEMAN DRIVE
ORLANDO FL 32809
US

Mailing Address

5225 ALLEMAN DRIVE
ORLANDO FL 32809
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

WILLITS, CHARLES
5225 ALLEMAN DRIVE
ORLANDO FL 32809

3. Date Incorporated or Qualified
08/01/1946

3a. Date of Last Report
01/20/1995

4. FEI Number

59-0626943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent, and to whom it applies

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE
NAME WILLITS, MARTHA M.
STREET ADDRESS 3670 OLD OAK COURT
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE
NAME WILLITS, CHARLES W
STREET ADDRESS 3670 OLD OAK COURT
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ DELETE
NAME PEPPERCORN, F EARL
STREET ADDRESS 3670 OLD OAK COURT
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☐ Change ☐ Addition
1.2 NAME WILLITS, MARTHA M.
1.3 STREET ADDRESS 5225 ALLEMAN DRIVE
1.4 CITY-ST-ZIP ORLANDO, FL 32809

2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME WILLITS, CHARLES W.
2.3 STREET ADDRESS 5225 ALLEMAN DRIVE
2.4 CITY-ST-ZIP ORLANDO, FL 32809

3.1 TITLE PD ☐ Change ☐ Addition
3.2 NAME PEPPERCORN, F. EARL
3.3 STREET ADDRESS 5225 ALLEMAN DRIVE
3.4 CITY-ST-ZIP ORLANDO, FL 32809

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)