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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Katherine Harris Secretary of State

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Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90128 031 \*\*\*150.00

DOCUMENT #  1. Corporation Name	228402
PENINSHI AR WAREI	HOUSE COMPANY,INC.

Principal Place	e of Business	Mailing Address						
A R ODELL JR	1	A R ODELL JR			·			
1610 INDUSTRI		1610 INDUSTRIAL BLVD			50 11071	VOITE IN THE	2.004.05	
JACKSONVILLE	FL 32205	JACKSONVILLE FL 32205				VRITE IN THIS	SPACE	<del></del>
US					3. Date Incorporated or Quali	iea		
					09/26/1959		1 · · T .	
2. Principal P	lace of Business	2a. Mailing Address	11.		4. FEI Number		<u> </u>	plied For
21 5	R. O'Dell	20, - ,	<u>Dell</u>		59-0873670			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	d $\square$	\$8.75	
22		27			3. Solition 5. State 2.	<del>-</del>	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financi	ing 🗆	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	′	8. This corporation owes the	current year In	tangible	
24 322.	<b>5</b> 4 🔀	29 32254 30	0		Personal Property Tax.		Yes	ØNo
	9. Name and Address of Current	t Registered Agent			10. Name and Address of Ne	w Registered	Agent	
			81	Name				Ì
ID'O	ELL, J RUSSELL		82	Ctront A	ddress (P.O. Box Number is Not Acc	entable)		
237	ADAMS LANE		02	Street At	ddiess (P.O. Box Nullibel is Not Acc	eptable)		Ì
ORA	INGE PARK FL 32073		83					
			84	City	17 94 ps - 18 - 19 - 1		85   Zip	Code
							<u> </u>	Ulair Eliterat
l office or a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	ionzed by	the corpora	orporation submits this statement for ation's board of directors. I hereby a	the purpose o	r changing its sintment as re	registered gistered
agent. I a	im familiar with, and accept the obligat	1 11	^	·	-			i
1	עוו געמא זו, וו	1 . 6 9 1) 0 11	11/00/					
SIGNATURE	Signature and or printed name of registered agen		POISTERED Age	idenT	urired when reinstating)	DATE		
	Signature typed or printed name of registered agen	nt and title if applicable (NOTE: Re	egistered Age	nt signature req	quired when reinstating)  ADDITIONS/CHANGES TO		ND DIRECTO	DRS IN 12
12.	OFFICERS AN		13.	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	DRS IN 12
12.	OFFICERS AN	nt and title if applicable (NOTE: Re	13. 1.1 TITLE	nt signature req				
12. TITLE NAME	PD OFFICERS AN ODELL, J R	nt and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature req				
12. TITLE NAME STREET ADDRESS	PD ODELL, J R 237 ADAMS LANE	nt and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requ				
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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 adjactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

904-786-1811-2d