

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:50

DOCUMENT # 261826 (2)
1. Corporation Name
PETERSON TRAWLERS INC

Principal Place of Business Mailing Address
1412 WILLIAMS RD. 1412 WILLIAMS RD.
LUTZ FL 33549 LUTZ FL 33549

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. Suite, Apt. #, etc.		25. Suite, Apt. #, etc.		07/01/1962		04/04/1994	
22. City & State		27. City & State		4. FEI Number		Applied For	
23. Zip		28. Zip		59-0994794		Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				☐		☐	
				6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				Trust Fund Contribution		☐	
				9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

PETERSON JR, EVERETT L
1412 WILLIAMS RD.
LUTZ FL 33549

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 *Everett L. Peterson*

(NOTE: Registered Agent signature required when registering)

DATE

1/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, EVERETT L. JR	1.2 NAME	
STREET ADDRESS	1412 WILLIAMS RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, THOMAS C.	2.2 NAME	
STREET ADDRESS	1412 WILLIAMS RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, CAROL F.	3.2 NAME	
STREET ADDRESS	1412 WILLIAMS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Everett L. Peterson* EVERETT L. PETERSON 1/30/95 813 949 6669