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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90047 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 347340

1. Corporation Name
P.E.B. PURVEYORS, INC.

Principal Place of Business
3704 N.ROOSEVELT BLVD.
KEY WEST FL 33040

Mailing Address
3704 N.ROOSEVELT BLVD.
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1969

4. FEI Number

59-1269498

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 owes the current year Intangible
Personal Property Tax. PAID

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BAUCOM, PHILLIP E.
3704 N.ROOSEVELT BLVD.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81. Name

BARBARA JOAN BAUCOM

82. Street Address (P.O. Box Number is Not Acceptable)

3704 N. ROOSEVELT BLVD.

83.

84. City

KEY WEST

FL

85. Zip Code
33040

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 *Barbara Joan Baucum*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-16-99

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BAUCOM, PHILLIP | |
| STREET ADDRESS | 3704 N.ROOSEVELT BLVD. | |
| CITY-ST-ZIP | KEY WEST FL | |
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | BAUCOM, BARBARA J. | |
| STREET ADDRESS | 3704 N. ROOSEVELT BLVD. | |
| CITY-ST-ZIP | KEY WEST FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BAUCOM, DONALD E. | |
| STREET ADDRESS | 3704 N. ROOSEVELT BLD | |
| CITY-ST-ZIP | KEY WEST FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BAUCOM, BARBARA JOAN | |
| 1.3 STREET ADDRESS | 3704 N. ROOSEVELT BLVD. | |
| 1.4 CITY-ST-ZIP | KEY WEST, FL 33040 | |
| 2.1 TITLE | S/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BAUCOM, MYRA JANE | |
| 2.3 STREET ADDRESS | 3704 N. ROOSEVELT BLVD. | |
| 2.4 CITY-ST-ZIP | KEY WEST, FL 33040 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Joan Baucum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA JOAN BAUCOM, PRESIDENT

3-16-99

Date

305-296-5800

Daytime Phone #

CR2E034 (11/98)