

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 361768

1. Corporation Name

PEACOCK & LEWIS ARCHITECTS & PLANNERS, INC.

Principal Place of Business  
2705 PARK STREET  
LAKE WORTH FL 33460

Mailing Address  
P.O. BOX 6877  
WEST PALM BEACH FL 33405

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90092 034 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1970

4. FEI Number

59-1290903

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNEEN, JEFFERY D  
1400 CENTREPARK BLVD, STE 1000  
WEST PALM BEACH FL 33401

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME NEFF, PAUL E  
STREET ADDRESS 2705 PARK ST.  
CITY-ST-ZIP LAKE WORTH FL 33460

1.1 TITLE VP ☐ Change ☒ Addition  
1.2 NAME BRAIDO, ROBERT  
1.3 STREET ADDRESS 2705 PARK ST.  
1.4 CITY-ST-ZIP LAKE WORTH FL 33460

TITLE VPSD ☐ DELETE  
NAME IDLE, BRIAN D  
STREET ADDRESS 2705 PARK STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME BARDIN, SUSAN S  
STREET ADDRESS 2705 PARK STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME KELLY, BRENDA L  
STREET ADDRESS 2705 PARK STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

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

TITLE VP ☐ DELETE  
NAME MILLER, MITCHELL E  
STREET ADDRESS 2705 PARK ST  
CITY-ST-ZIP LAKE WORTH FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE PEQUERNEFF

President 4/20/99

561/5822705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)