

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

**APPROVED  
AND  
FILED**

20 MAY - 1 AM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # 394742 (1)**

1. Corporation Name  
**PEACE VALLEY ENTERPRISES, INC.**

Principal Place of Business      Mailing Address

**2905 CENTRAL AVE  
P O BOX 84  
ALTURAS FL 33820**

**2905 CENTRAL AVE  
P O BOX 84  
ALTURAS FL 33820**

2. Principal Place of Business      2a. Mailing Address

21      26

State Apt # etc      State Apt # etc

22      27

City & State      City & State

23      28

Zip      City      Zip      City

24      25      29      30

3. Date incorporated or created      3a. Date of Last Report

**01/24/1972**      **05/01/1994**

4. FEI Number      Applied For

**59-1426213**      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 changeable tax under S 1391 (S) Florida Statutes.      Yes  No

**9. Name and Address of Current Registered Agent**

**YOUNG, LELAND K.  
2010 CENTRAL AVENUE  
ALTURAS FL 33820**

**10. Name and Address of New Registered Agent**

B1 Name

B2 Street Address (P.O. Box Number is Not Applicable)

B3

B4 City      FL      B5 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 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: YOUNG, LELAND K. STREET ADDRESS: 2905 CENTRAL AVE CITY/STATE: ALTURAS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: YOUNG, WANDA STREET ADDRESS: 2905 CENTRAL AVE CITY/STATE: ALTURAS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: YOUNG, D SCOTT STREET ADDRESS: 5069 SWEETLEAF CT. CITY/STATE: BARTOW FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1391.01(6), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and reach as for such. I am an officer or director of the corporation or the treasurer or financial agent named to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this filing report or on an alternate form with an address.

SIGNATURE: *Wanda Young*      Wanda Young      4/28/95      (915) 587-1348