

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

PROFIT CORPORATION  
 ANNUAL REPORT  
 1998



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

DOCUMENT # 394742 (1)  
 1. Corporation Name  
 PEACE VALLEY ENTERPRISES, INC.



Principal Place of Business: 2905 CENTRAL AVE, P O BOX 84, ALTURAS FL 33820  
 Mailing Address: 2905 CENTRAL AVE, P O BOX 84, ALTURAS FL 33820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-29)  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip (24, 29) Country (25, 30)

3. Date Incorporated or Qualified: 01/24/1972  
 4. FEI Number: 59-1426213  
 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 or has paid the current year Intangible Personal Property Tax due June 30. 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  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	YOUNG, LELAND K	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2905 CENTRAL AVE	ALTURAS FL	1.2 NAME
CITY-ST-ZIP:		1.3 STREET ADDRESS
TITLE: STD	YOUNG, WANDA	1.4 CITY-ST-ZIP
STREET ADDRESS: 2905 CENTRAL AVE	ALTURAS FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		2.2 NAME
TITLE: VPD	YOUNG, D SCOTT	2.3 STREET ADDRESS
STREET ADDRESS: 5069 SWEETLEAF CT.	BARTOW FL	2.4 CITY-ST-ZIP
CITY-ST-ZIP:		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME
STREET ADDRESS:		3.3 STREET ADDRESS
CITY-ST-ZIP:		3.4 CITY-ST-ZIP
TITLE:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME
CITY-ST-ZIP:		4.3 STREET ADDRESS
TITLE:		4.4 CITY-ST-ZIP
STREET ADDRESS:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		5.2 NAME
TITLE:		5.3 STREET ADDRESS
STREET ADDRESS:		5.4 CITY-ST-ZIP
CITY-ST-ZIP:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		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 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.

SIGNATURE: *[Handwritten Signature]*

CR2E034 (5/98)