FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 543132 (5)

1. Corporation Name

PEOPLES ENTERPRISES, INC.

Principal Place of Business	Mailing Address
233 ACADEMY DRIVE P.O. BOX 421768 KISSIMEE FL 34742-~~8768~~ -1768	233 ACADEMY DRIVE P.O. BOX 421768 KISSIMEE FL 34742-~~8768~~ -1768

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/05/1977
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1754959 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEOPLES, DAVID L
233 ACADEMY DRIVE
KISSIMMEE, FLORIDA
34744-5669

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	AS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEOPLES, PAUL T.		1.2 NAME	
STREET ADDRESS	233 ACADEMY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE, FL 00000		1.4 CITY-ST-ZIP	
TITLE	PSD	☐ DELETE	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	PEOPLES, DAVID L		2.2 NAME	PEOPLES, DAVID L.
STREET ADDRESS	233 ACADEMY DRIVE		2.3 STREET ADDRESS	233 Academy Drive
CITY-ST-ZIP	KISSIMMEE, FL 00000		2.4 CITY-ST-ZIP	Kissimmee, FL 3474~~4-1768~~ 4-5669
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEOPLE, ANNE W.		3.2 NAME	
STREET ADDRESS	233 ACADEMY DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	VPST ☐ Change ☒ Addition
NAME			4.2 NAME	PEOPLES, D. KEITH
STREET ADDRESS			4.3 STREET ADDRESS	233 Academy Drive
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Kissimmee, FL 3474~~4-1768~~ 4-5669
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID L. PEOPLES [signature] 4/11/96 407-847-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)