1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 543132 1. Corporation Name

PEOPLES ENTERPRISES, INC.

Mailing Address Principal Place of Business 233 ACADEMY DRIVE 233 ACADEMY DRIVE P.O. BOX 421768 P.O. BOX 421768

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90026 005 ***150.00



DO NOT WRITE IN THIS SPACE KISSIMEE FL 34742-1768 KISSIMEE FL 34742-1768 3. Date Incorporated or Qualifed 08/05/1977 Appied For 2a. Mailing Address 2. Principal Place of Business Not Applicable <u>59-1754959</u> 26 21 \$8.75 Aciditional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes the current year Intangible Zip Coun ry Jano ☐ Yes Personal Property Tax. 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PEOPLES, DAVID L Street Address (P.O. Box Number is Not Acceptable) 82 233 ACADEMY DRIVE KISSIMMEE FL 34744-5669 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fk-rida Statutes.

SIGNATURE Signature, typed or printed name of registered agent, and title if applicable (NOTI: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 11 TITLE TITLE 1.2 NAME PEOPLES, PAUL T. NAME 233 ACADEMY DRIVE 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE 00000 FL 34744-5669 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE **PSD** 2.2 NAME PEOPLES, DAVID L NAME 2.3 STREET ADDRESS 233 ACADEMY DRIVE STREET ADDRESS KISSIMMEE, FL 00000 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE AS 3.2 NAME PEOPLE, ANNE W. NAME 233 ACADEMY DRIVE 3.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE **VPST** 4 2 NAME PEOPLES, KEITH NAME 4.3 STREET ADDRESS 233 ACADEMY DRIVE STREET ADDRESS **KISSIMMEE FL 34744-5669** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 cartify 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

(11/98)CR2E034