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

**FILED** May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 677195 (0) J.W. PETERSON, INC. Principal Place of Business Mailing Address 2236 FOWLER STREET 2238 FOWLER STREET C/O J. W. PETERSON C/O J. W. PETERSON DO NOT WRITE IN THIS SPACE FT. MYERS FL 33901 FT. MYERS FL 33901 3. Date Incorporated or Qualified 06/30/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-2045565 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ¥ Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PETERSON, J. W. 2238 FOWLER STREET Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33901 83 84 City 85 Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 11 1771.6 Change Addition TITLE PETERSON, JAMES W NAME 1.2 NAME CR2E034 STREET ADDRESS 19 NE 9TH AVE. 1.3 STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE PETERSON, MARC NAME 2.2 NAME 5238 SANTA ROSA CT. STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PETERSON PAULETTE 3.2 NAME NAME 19 N.E.9TH AVE STREET ADDRESS 3.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. 1 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.

5.4 CITY-ST-ZIP

**6.3 STREET ADORESS** 6.4 City-St-ZiP

61 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

4-29-98 941-334-3376

Change

■ Addition