

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gandra B. Morman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -1 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F26056 (4)

1. Corporation Name

PETERSON ENTERPRISES OF ORLANDO, INC.

Principal Place of Business

2700 S. ORANGE AVE #220  
P.O. BOX 560907  
ORLANDO FL 32806

Mailing Address

2700 S. ORANGE AVE #220  
P.O. BOX 560907  
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>03/19/1981                                                                                                                | 3a. Date of Last Report<br>06/28/1994                  |
| 4. FEI Number<br>59-2076062                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                     |                                                                                          |    |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----|
| 2. Principal Place of Business<br>21 State, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 State, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 30 |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----|

9. Name and Address of Current Registered Agent

SIMMONS, ARTHUR W.  
2700 S. ORANGE AVE #220  
ORLANDO FL 32806

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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

(Signature of Registered Agent required when changing)

(NOTE: Registered Agent Signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DP                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIMMONS, ARTHUR W.      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2700 S. ORANGE AVE #220 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | ORLANDO, FL 00000       | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | DS                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ANDERSON, ANN           | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2700 S. ORANGE AVE #220 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | ORLANDO, FL 00000       | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUSSELL, ERNEST L JR    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2700 S. ORANGE AVE #220 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | ORLANDO, FL 00000       | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                         | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                         | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                         | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193.02(3)(b), 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 owner 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, above, as an officer, director, or owner.

SIGNATURE:

*Arthur W. Simmons*  
ARTHUR W. SIMMONS

2-7-95 (407)839-1154