

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F48979** (1)

1. Corporation Name  
**P. PEYTON, INC.**



Principal Place of Business Mailing Address  
**1725 SO. NOVA RD.**  
**B-6**  
**SO. DAYTONA FL 32119**  
**US**

2. Principal Place of Business 2a. Mailing Address  
21 **6170 HARBOR RD.** 26 **6170 HARBOR RD.**  
Subs., Apt., etc. Subs., Apt., etc.  
22 **ROSE BAY, FLA.** 27 **ROSE BAY, FLA.**  
City & State City & State  
23 **32127** 28 **32127**  
Zip Zip  
24 **USA** 29 **USA** 30 **USA**  
Country Country

3. Date Incorporated or Qualified **11/03/1981** 3a. Date of Last Report **01/31/1995**  
4. FEI Number **59-2134624** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution 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

**PEYTON, PATRICK**  
**1725 SO. NOVA RD.**  
**B-6**  
**SO. DAYTONA FL 32119**

## 10. Name and Address of New Registered Agent

81 Name **PEYTON, PATRICK**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6170 HARBOR RD.**  
83  
84 City **ROSE BAY, FL.** FL 85 Zip Code **32127**

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 **PATRICK PEYTON PRES.**

(NOTE: Registered agent signature required when reinstating)

**1/23/96**

## 12. OFFICERS AND DIRECTORS

1. TITLE **DP** ☒ DELETE  
2. NAME **PEYTON, PATRICK**  
3. STREET ADDRESS **2455 GUAYA DR**  
4. CITY-ST-ZIP **SO. DAYTONA FL**  
5. TITLE ☐ DELETE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE ☐ DELETE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE ☐ DELETE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP  
17. TITLE ☐ DELETE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 in handwritten or on an attachment with an address.

SIGNATURE: **PATRICK PEYTON PRES.** **1/23/96** **904 756-5143**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)