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

PROFIT. **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F80446

PEPPER RIDGE, INC.

Principal Place of Business Mailing Address						iigii teet	
3866 PROSPECT AVE STE 18 RIVIERA BEACH FL 33404		P.O. BOX 1208 HOBE SOUND FL 33475-1208 US			DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed 05/04/1982		
2. Principal P	2a. Mailing Address	Address		4. FEI Number Applied	For		
21		26			59-2191813 Not App		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additi Fee Require		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fe	1	
Zip Country		Zip Country 30		,	8. This corporation owes the current year Intangible Personal Property Tax. No		
:	9. Name and Address of Current				10. Name and Address of New Registered Agent		
		<u></u>	81	Name	•		
KOSLOSKI, KENNETH C			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
STE	. 18		83				
RIVI	ERA BEACH FL 33404				· · · · · · · · · · · · · · · · · · ·		
			84	City	FL 85 Zip Code		
SIGNATURE	Signature, typed or printed name of registered agent		-	nt signature requin	red when reinstating) DATE		
12.	OFFICERS AND		13.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	Addition	
TITLE	PD POOL OOK PENNETH C	DELETE	1.1 TITLE] Addition]	
NAME	KOSLOSKI, KENNETH C. 3866 PROSPECT AVE, STE 18		1.2 NAME	T 4000000		1	
STREET ADDRESS	RIVIERA BEACH FL 33404		1	TADORESS		}	
CITY-ST-ZIP TITLE	VD	☐ DELETE	1.4 CITY-S 2.1 TITLE	51-ZIP	Change	Addition	
NAME	KOSLOSKI, GERALD P		2.2 NAME	•	· · · · · · · · · · · · · · · · · · ·	_	
STREET ADDRESS	SAME ORGANICATE AND ARE AN			TADDRESS	•		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		2.4 CITY-				
TITLE	THITEIR DESIGN I'VE GOTOT	☐ DELETE	3.1 TITLE	Q1-2#	Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS	(.) () () () () () () () () (3.3 STREE	T ADDRESS		e : l	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		:1,	
TITLE		☐ DELETE	4.1 TITLE		☐ Change] Addition	
NAME .			4. 2 NAME			1	
STREET ADDRESS			4.3 STREE	T ADDRESS		Ì	
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS	mark the second		5.3 STREE	TADDRESS			
CITY-ST-ZIP		·	5.4 CfTY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS	ļ [*]		6.3 STREE	TADDRESS			

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90011 015 ***150.00

561-844-2500