

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000562 (9)

1. Corporation Name

PEEPLS' INDUSTRIES, INC.

Principal Place of Business

P.O. BOX 2253
SAVANNAH GA 31402

Mailing Address

P.O. BOX 2253
SAVANNAH GA 31402



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

BURCH, KEN
1921 HECKSCHER DRIVE
JACKSONVILLE FL 32226

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

02/09/1993

3a. Date of Last Report

08/11/1995

4. FEI Number

58-1317514

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the appointing

Officer. Registered Agent's signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME PEEPLES, FRANK K
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☐ DELETE

TITLE D
NAME PEEPLES, ELIZABETH C
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☐ DELETE

TITLE P
NAME MAYFIELD, E. GAY
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☐ DELETE

TITLE S
NAME STROUSE, DEBRA M
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☐ DELETE

TITLE T
NAME BENTON, JOHN R JR.
STREET ADDRESS 6001 CHATMAMN DENTER DR., SUITE 350
CITY-ST-ZIP SAVANNAH GA 31405 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE

Debra M. Strouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 236-1865
DATE DAYTIME PHONE

CR2E034 (12/95)