

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000562 (9)**

1. Corporation Name

PEEPLES' INDUSTRIES, INC.



Principal Place of Business

**P.O. BOX 2253
SAVANNAH GA 31402**

Mailing Address

**P.O. BOX 2253
SAVANNAH GA 31402**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1993

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURCH, KEN
1921 HECKSCHER DRIVE
JACKSONVILLE FL 32228**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	5051 Propeller Dr.
84	City Jacksonville
85	Zip Code 32206

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE
NAME	PEEPLES, FRANK K
STREET ADDRESS	8001 CHATMAMN DENTER DR., SUITE 350
CITY - ST - ZIP	SAVANNAH GA 31405
TITLE	D <input type="checkbox"/> DELETE
NAME	PEEPLES, ELIZABETH C
STREET ADDRESS	8001 CHATMAMN DENTER DR., SUITE 350
CITY - ST - ZIP	SAVANNAH GA 31405
TITLE	P <input type="checkbox"/> DELETE
NAME	MAYFIELD, E. GAY
STREET ADDRESS	8001 CHATMAMN DENTER DR., SUITE 350
CITY - ST - ZIP	SAVANNAH GA 31405
TITLE	S <input type="checkbox"/> DELETE
NAME	STROUSE, DEBRA M
STREET ADDRESS	8001 CHATMAMN DENTER DR., SUITE 350
CITY - ST - ZIP	SAVANNAH GA 31405
TITLE	T <input type="checkbox"/> DELETE
NAME	BENTON, JOHN R JR.
STREET ADDRESS	8001 CHATMAMN DENTER DR., SUITE 350
CITY - ST - ZIP	SAVANNAH GA 31405
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE:

Debra M. Strouse **Debra M. Strouse**

3/18/98 **912**
236-1265

CP2E034 (10/97)