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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90233 028 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000562

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

4. FEI Number

58-1317514

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURCH, KEN
5051 PROPELLER DRIVE
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name

ROBERT SCHULER

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

5051 Propeller Dr.

83

84 City

Jacksonville

FL

85 Zip Code

32226

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/99 (9.2) 239-1330

CR2E034 (1/98)