FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 8:44

DOCUMENT # F93000004827 (2)

1. Corporation Name
PEPPERMOUND PROPERTIES, INC.

Principal Place of Business	Mailing Address
3859 N. WHEELING AVE. MUNCIE IN 47304	3859 N. WHEELING AVE. MUNCIE IN 47304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 35-1896610 ☐ 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

9. Name and Address of Current Registered Agent

SCHILLINGER, LEE H ESQ
4601 SHERIDAN ST.
SUITE 202
HOLLYWOOD FL 32301

10. Name and Address of New Registered Agent

81 Name: TED DOUGHERTY
82 Street Address (P.O. Box Number is Not Acceptable): 5811 MEMORIAL HIGHWAY
83: SUITE 202
84 City: TAMPA FL 85 Zip Code: 33615

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] DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDV	11 TITLE	☐ Change ☐ Addition
NAME	GRUPPE, WILLIAM	12 NAME	
STREET ADDRESS	3859 N. WHEELING AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	14 CITY-ST-ZIP	
TITLE	CDS	21 TITLE	☐ Change ☐ Addition
NAME	TERRELL, DOUGLAS	22 NAME	
STREET ADDRESS	3859 N. WHEELING AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	24 CITY-ST-ZIP	
TITLE	PDT	31 TITLE	☐ Change ☐ Addition
NAME	SOMERS, PAUL D	32 NAME	
STREET ADDRESS	3859 N. WHEELING AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GRUPPE, WILLIAM D JR	42 NAME	
STREET ADDRESS	3859 N. WHEELING AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAESTRELLI, RICHARD B	52 NAME	
STREET ADDRESS	5915-B MEMORIAL HIGHWAY	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: [signature] 6/14/95 317-286-4899
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

D98763 FN