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FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F94000006146 (4)**

1. Corporation Name

PEG CAPITAL MANAGEMENT, INC.

Principal Place of Business

**839 SAWYER HILL ROAD
CANAAN NH 03741
US**

Mailing Address

**PO BOX 428
CANAAN NH 03741-0428**

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

21 Suite, Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

13-3069228

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	CP	<input type="checkbox"/> DELETE
NAME	RICHARDSON, LEMONT K	
STREET ADDRESS	939 SAWYER HILL RD	
CITY-ST-ZIP	CANAAN NH 03741	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DRIMAL, CHARLES E SR	
STREET ADDRESS	401 E. 34TH ST, APT 14K	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGANELLI, JOHN A	
STREET ADDRESS	25 WOODBURY PLACE	
CITY-ST-ZIP	ROCHESTER NY 14618	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEST, DAVID F	
STREET ADDRESS	828 HIDEAWAY CIRCLE E. #413	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OPPENNEER, KEITH D	
STREET ADDRESS	RR 1, BOX 238A	
CITY-ST-ZIP	CANAAN NH 03741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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:

Lemont K. Richardson

Lemont K. Richardson 1/21/97 (603) 523-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)