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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(7)

PEELER DESIGN & ENGINEERING, INC.

**FILED** Apr 16 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address                                    |   |   |                           |   |  | 40H \$18H 818H 91             | iii Alāli isā:              |
|--|---|---|---------------------------|---|--|-------------------------------|-----------------------------|
| 1400 TARPON WOODS BLVD<br>STE G4   |   | 3721 BAY RD NO DR<br>INDIANAPOLIS IN 46240  |                           |   |  |                               |                             |
| PALM HARBOR FL 34685 US  |   |   |                           |   | DO NOT WRITE IN THIS SPACE   |                               |                             |
| US   |   |   |                           |   | 3. Date Incorporated or Qualified 03/26/1984   |                               |                             |
| 2. Principal Place of B  | 2a. Mailing Address                       | Address   |                           | 4. FEI Number   | A  | pplied For                    |                             |
| 21   |   | 26  |                           | 59-2413881  | N  | ot Applicable                 |                             |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.       |   | 5. Certificate of Status Desired   | \$8.75                        | Additional                  |
|  |   | 27  | · <del>d </del>           |   | 5. Continuate of otates begined  | Fee A                         | equired                     |
| City & State   |   | City & State  |                           | 6. Election Campaign Financing  Trust Fund Contribution |  | May Be<br>to Fees             |                             |
|  |   | Zφ  | Zip Country               |   | 8. This corporation owes or has paid the current year Intangible                                 |                               |                             |
| 24   | 25 29 30                                  |   | ю                         | Personal Property Tax due June 30. Yes No               |  |                               |                             |
|  | me and Address of Current                 | Registered Agent  |                           |   | 10. Name and Address of New Registers  | d Agent                       |                             |
|  | NRY W., ESQ.                              |   | 81                        | Name  |  |                               |                             |
| 311 SOUTH MISSOURI AVE.  |   |   |                           | Street Add  | ress (P.O. Box Number is Not Acceptable)   |                               |                             |
| CLEARWATER FL 33518  |   |   |                           |   |  |                               |                             |
|  |   |   | 83                        |   |  |                               |                             |
|  |   |   | 84                        | City  |  | ar Zin                        | Code                        |
|  |   |   |                           |   | F  | <b>L</b>   ``   '             | 1                           |
| office or registered   | Lagent, or both, in the State o           | and 607.1508, Florida <mark>Statutes</mark><br>I Florida, Such change was au<br>ons of, Section 607.0505, Flori | thorized b                | v the corporat  | poration submits this statement for the purpose tion's board of directors. I hereby accept the a | of changing in oppointment as | ts registered<br>registered |
| SIGNATURE  |   |   |                           |   |  |                               | į                           |
|  | ypind or printed name of registered agent | and title if applicable (NOTE:  | Registered Ag             | ent signature requi                                     | red when reinstaling} DATE   |                               |                             |
| 12.  | OFFICERS AND                              |   | 13.                       |   | ADDITIONS/CHANGES TO OFFICERS A  |                               |                             |
| TITLE PTD  | ED DOBEDT D                               | ☐ DELETE  | 1.1 TITLE                 |   |  | L Change                      | Addition                    |
| NAME PEELER, ROBERT R.  STREET ADDRESS 1400 TARPON WOODS BLVD.  PALM MARROD EI |   |   | 1.2 NAME                  |   |  |                               | ;                           |
|  |   |   | 1.3 STREE                 | ADDRESS   |  |                               | i                           |
| CITT-OT-ER   | PALM HARBOR FL                            |   | 1.4 CITY - ST - ZIP       |   |  |                               |                             |
| TITLE 5  | PEELER, CYNTHIA 1100 TARPON WOODS BLVD.   |   | 2.1 TITLE<br>2.2 NAME     |   |  | L Change                      | Addition                    |
| 4400   |   |   |                           |   |  |                               |                             |
| DALL   |   |   | 2.3 STREE                 | ADDRESS   |  |                               |                             |
| 0111-31-21   | I FIANDON FL                              | Docuer  | 2. 4 CITY-                | S1-ZIP  |  |                               | 1 4 4 170                   |
| TITLE  |   | L DELETE  | 3.1 TITLE                 | ļ   |  | ☐ Change                      | ☐ Addition                  |
| NAME<br>GEOGGE ADDOSOS   |   |   | 3.2 NAME                  |   |  |                               |                             |
| STREET ADDRESS   |   |   | 3.3 STREET                | 1   |  |                               |                             |
| CITY-ST-ZIP<br>TITLE   | ······································    | DELETE  | 3.4. CITY-<br>4.1 TITLE   | SI-ZIP  |  | Change                        | Addition                    |
| NAME   |   | L DELCTE  | 4.1 HILE<br>4 2 NAME      |   |  | □ ciange                      | MOUIDOI                     |
|  |   |   |                           |   |  |                               | İ                           |
| STREET ADDRESS   |   |   | 4.3 STREET                |   |  |                               |                             |
| CITY-ST-ZIP<br>TITLE   |   | DELETE  | 4.4 CITY - S<br>5.1 TITLE | 1-ZIP   |  | ☐ Change                      | Addition                    |
| NAME   |   |   |                           |   |  | E CHANGE                      | Addition                    |
|  |   |   | 5.2 NAME                  | *DODCCC   |  |                               |                             |
| STREET ADDRESS   |   |   | 5.3 STREET                |   |  |                               |                             |
| CITY-ST-ZIP<br>TITLE   |   | DELETE  | 5.4 CITY - S<br>6.1 TITLE | 1 - ZIP   |  | ☐ Change                      | Addition                    |
| NAME   |   | ☐ beecit  |                           |   |  | r ⊃ ⇔range                    | - Addition                  |
|  |   |   | 6.2 NAME                  | ADDRESS   |  |                               |                             |
| STREET ADDRESS<br>City, St. 7IP  |   |   | 6.3 STREET                | F   |  |                               |                             |
|  |   |   |                           |   |  |                               |                             |

14. I he support in 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.

Malor