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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 23 1998 8:00am Secretary of State

1. Corporation	MENT # H1028 PEAT COMPANY, INC.	2 (2)			
Principal Plac	e of Business	Mailing Address		{	(BUR:: OSOTI BUDIT BEDIT 1801
19300 HONEY	CUT ROAD	9200 EDGEWATER DR			
GROVELAND FL 34736 CLEMONT FL 34711				DO NOT MEET IN THE	ODA OF
US		US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE -
				06/29/1984	
2. Principal Place of Business 2a. Mailing Address			4. FE! Number	Applied For	
21 26		26		59-2492567	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27 City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		X Yes ☐ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
COOK, STEPHEN M 81 Name					
9200 EDGEWATER DR		82 Street Addr	treet Address (P.O. Box Number is Not Acceptable)		
CLERMONT FL 34711			83	<u> </u>	
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose of	f changing its registered
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	uthorized by the corporat rida Statutes.	oration submits this statement for the purpose of the purpose of the spirit of directors. I hereby accept the appropriate the purpose of the purpose of the spirit of the	pointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ag	ent and lifte if applicable. (NOTE ID DIRECTORS	: Registered Agent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ABBITIONS CIANGES TO CITIOENS AN	Change Addition
NAME	COOK, STEPHEN		1.2 NAME		
STREET ADDRESS	9200 EDGEWATER DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	CRECELIUS, RANDALL		2.2 NAME		
Street address	695 LINDEN ST CLERMONT FL		2,3 STREET ADDRESS		
CITY-ST-ZIP	SID	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE NAME	COOK, VICKY		3.2 NAME		C outlings - C Addition
STREET ADDRESS	9200 EDGEWATER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL	•	3,4, CITY-ST-ZIP		ì
TITLE	ם	X DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIDDEL, LYNDA	•	4. 2 NAME		
STREET ADDRESS	16333 CR455		4.3 STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CATY - ST - ZIP		DELETÉ	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE NAME			6.2 NAME		C ounting C T veriling
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied w	ith this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the information

Thereby densy that the mornation supplied with his him gloss not quality for the exemption stated in Section 119.07(3)(i), Profice Statutes. 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:

352-429-5706