

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:21

DOCUMENT # H17665

(1)

1. Corporation Name

PENINSULA PRODUCTS, INC.

Principal Place of Business

**% CHARLES D. MEADOWCROFT
2395 LANDING CIRCLE
BRADENTON FL 34209**

Mailing Address

**% CHARLES D. MEADOWCROFT
2395 LANDING CIRCLE
BRADENTON FL 34209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1984

3a. Date of Last Report

03/31/1994

4. FEI Number

59-2443740

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**MEADOWCROFT, CHARLES D.
2395 LANDING CIRCLE
BRADENTON FL 34209**

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 in printed name of registered agent and their address

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEADOWCROFT, CHARLES D.
STREET ADDRESS	2395 LANDING CIRCLE
CITY - ST - ZIP	BRADENTON FL
TITLE	D
NAME	MEADOWCROFT, CAROLINE L.
STREET ADDRESS	2395 LANDING CIRCLE
CITY - ST - ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TREASURER	☐ Change ☒ Addition
12 NAME	MEADOWCROFT, DARYL J.	
13 STREET ADDRESS	5528 Fair Oaks St	
14 CITY - ST - ZIP	BRADENTON, FL 34203	
21 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
22 NAME	MEADOWCROFT, CHARLES A.	
23 STREET ADDRESS	2395 LANDING CIRCLE	
24 CITY - ST - ZIP	BRADENTON, FL 34209	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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 or changes or an attachment with an address.

SIGNATURE:

CHARLES D. MEADOWCROFT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95

941792-8623
 (Signature Number)