FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H31098** **(7)**

1. Corporation Name

PEG-AG ENT, INC.

Principal Place of Business	Mailing Address
3110 1ST AVE NO. SUITE 21 ST. PETERSBURG FL 33713-5609	3110 1ST AVE NO. SUITE 21 ST. PETERSBURG FL 33713-5609

3. Date Incorporated or Qualified: **11/14/1984**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2479686** ☐ 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	2a. Mailing Address
21 4243 Central Ave	26 4243 Central Ave
22 Suite, Apt. #, etc. Suite A	27 Suite, Apt. #, etc. Suite A
23 City & State St. Pete, Fl.	28 City & State St. Pete, FL.
24 Zip 33713 25 Country Pinellas	29 Zip 33713 30 Country Pinellas

9. Name and Address of Current Registered Agent

TRINKAUS, JOSEPH P.
3110 1ST AVE. N. SUITE 21
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: Joseph P. TRINKAUS

82 Street Address (P.O. Box Number is Not Acceptable): 4243 CENTRAL AVE. Suite A

83

84 City: St. Pete, FLA. FL 85 Zip Code: 33713

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: Joseph P. Trinkaus — Signature of new registered agent — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRINKAUS, JOSEPH P.		1.2 NAME		
STREET ADDRESS	3110 1ST AVE. N. #21		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TRINKAUS, PEGGY L.		2.2 NAME		
STREET ADDRESS	3110 1ST AVE. N. #21		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: Joseph P. Trinkaus — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)