FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H31977** **(2)**

1. Corporation Name
PEBLE OF FLORIDA II, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% E. ALLAN RAMEY 2212 B STREET MERIDIAN MS 39301	% E. ALLAN RAMEY 2212 B STREET MERIDIAN MS 39301

3. Date Incorporated or Qualified: **11/29/1994**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **64-0727361** ☐ 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 **XX** No

9. Name and Address of Current Registered Agent

RAMEY, E. ALLAN
ONE CIRCLE DR.
DEFUNIAK SPRINGS FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CPD	☒ Change ☐ Addition
NAME	BROADHEAD, PAUL SR.	12 NAME	Paul Broadhead, Sr.	
STREET ADDRESS	2212 B ST	13 STREET ADDRESS	2212 B Street	
CITY-ST-ZIP	MERIDIAN MS	14 CITY-ST-ZIP	Meridian, MS 39301	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	GOLDMAN, DENNIS	22 NAME	DELETE DENNIS GOLDMAN	
STREET ADDRESS	1500 ROEBUCK DR	23 STREET ADDRESS		
CITY-ST-ZIP	MERIDIAN MS	24 CITY-ST-ZIP		
TITLE	VST	31 TITLE	VSTD	☒ Change ☐ Addition
NAME	COVINTON, ANGELIA T.	32 NAME	Angelia T. Covington	
STREET ADDRESS	2212 B ST	33 STREET ADDRESS	2212 B Street	
CITY-ST-ZIP	MERIDIAN MS	34 CITY-ST-ZIP	Meridian, MS 39301	
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	BROADHEAD, PAUL JR	42 NAME	DELETE PAUL BROADHEAD, JR.	
STREET ADDRESS	13355 NOEL ROAD, STE 1950	43 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP		
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Sherry M. Broadhead	
STREET ADDRESS		53 STREET ADDRESS	2212 B Street	
CITY-ST-ZIP		54 CITY-ST-ZIP	Meridian, MS 39301	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Angelia T Covington VST 4/7/95 601-693-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Angelia T. Covington

EXAMINER PN