


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90083 038 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # H51752**

1. Corporation Name

**PEACH GLASS & MIRROR INC.**

Principal Place of Business

**6750 MARY LOU LANE**  
**ZEPHYRHILLS FL 33544**  
**US**

Mailing Address

**6750 MARY LOU LANE**  
**ZEPHYRHILLS FL 33544**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/11/1985**

4. FEI Number

**59-2521465**

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 Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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 607.0501 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

*Jimmy Peach*

(NOT E-Registered Agent signature required when reinstating)

DATE

**4-23-99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
**NAME**  
**PEACH, JIMMY**  
**STREET ADDRESS**  
**6750 MARY LOU LANE**  
**CITY-STATE-ZIP**  
**ZEPHYRHILLS FL**
TITLE **ST** ☐ DELETE
**NAME**  
**PEACH, PEGGY JO**  
**STREET ADDRESS**  
**6750 MARY LOU LANE**  
**CITY-STATE-ZIP**  
**ZEPHYRHILLS FL**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that 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, with all other like empowered.

SIGNATURE:

*Jimmy Peach*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
**4-23-99**

Date

**991-4726**

Daytime Phone #

CR2E034 (11/98)