May 05, 1999 8:00 am Secretary of State

05-05-1999 90197 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J34337

1. Corporation Name

PELTOLA ENTERPRISE, INC.

Principal Place of Business	ncipal Place of Business Mailing Address					1 100 Hills State Hills State Hills State			
% PAUL E. FIELD 1915 TALLY ROAD LEESBURG FL 34748	% Paul e. Field 1915 Tally Road Leesburg Fl 34748	3			DO NOT WRITE IN TH	IS SPAC	DE		
					3. Date Incorporated or Qualifed 09/17/1986	<u></u>			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For		
21	26				59-2714938		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc	c.	···		5. Certificate of Status Desired		.75 Additional ee Required		
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees		
Zip Country	Zip	Co	untry		This corporation owes the current year Personal Property Tax.	Intangible			
9. Name and Address of Cu					10. Name and Address of New Registere	d Agent			
			81	Name					
FIELD, PAUL E. 1915 TALLY RD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
LEESBURG FL 34748			83						
			84	City	F	L 85	Zip Code		
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S	7.0502 and 607.1508, Florida State of Florida. Such change	Statutes, the was authorize	above ed by	-named corpo the corporation		of chang	ing its registered t as registered		

ing its registered t as registered

agent. I ai	I tallial was, and accept the obligation	10 01, 00011-11 001,111-11,111-11				
SIGNATURE	Signature, typed or printed name of registered agent ar	od title if appliedble (NOTF: F	Registered Agent signature required	t when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	R\$ IN 12
TITLE	DP OF TOLKS AND	DELETE	1.1 TITLE		☐ Change	Addition
NAME	FIELD, PAUL E.		12 NAME			
			1.3 STREET ADDRESS			
STREET ADORESS	11320 OCKLAWAHA DR					
CITY-ST-ZIP	LEESBURG FL	DELETE	1.4 CITY-ST-ZIP		Change	☐ Addition
TITLE	D	C) nete ie	2.1 TITLE		(_1 0.121.9*	
NAME	FIELD, JUDITH R		_ I.2,2 NAME		-	_
STREET ADDRESS	11320 OCKLAWAHA DR		2.3 STREET ADDRESS			
C/TY-ST-ZIP	LEESBURG FL		2. 4 C/TY-ST-Z/P	<u></u>		Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C/TY-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	1		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			64 CITY-ST-ZIP			

CITY-ST-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:

CR2E034 (11/98)