

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J61366 (7)

1. Corporation Name

PEETMOSS CORP.



Principal Place of Business  
C/O GARRISON LICKLE  
777 S FLAGLER DR. STE 500 E  
125 WORTH AVENUE STE 310  
W PALM BCH FL 33401  
US

Mailing Address

777 S FLAGLER DR. STE 500 E  
125 WORTH AVENUE STE 310  
W PALM BCH FL 33401  
US

2. Principal Place of Business  
21 C/O GARRISON LICKLE  
777 S FLAGLER DR

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc

22 # 500 E

27 Suite, Apt. #, etc

23 City & State

28 City & State

WEST PALM BCH FL

24 Zip

25 Country

29 Zip

30 Country

33401

US

33401

US

3. Date Incorporated or Qualified  
03/10/1987

3a. Date of Last Report  
04/06/1995

4. FEI Number  
59-2789872

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LICKLE, GARRISON D.  
777 S FLAGLER DR STE 500 E  
SUITE 310  
WEST PALM BCH FL 33401

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 or printed in ink of registered agent and the applicable

(NOTE: Registered Agent's signature required when terminating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
LICKLE, GARRISON D  
777 S FLAGLER DR, STE 500 E  
W PALM BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
LICKLE, WILLIAM C.  
568 ISLAND DRIVE  
PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GARRISON LICKLE

6/1/96

Typed Name

CR2E034 (3/96)