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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:14

DOCUMENT # **J84753** **(9)**

1. Corporation Name
DONALD R. PEIFFER, INC.

Principal Place of Business	Mailing Address
% DONALD L. BASS 9788 S.E. WOODWIND STREET HOBE SOUND FL 33455-5820	% DONALD L. BASS 9788 S.E. WOODWIND STREET HOBE SOUND FL 33455-5820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1987
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21: 9388 SE Island Pl
22: Suite, Apt. #, etc.
23: City & State: TEQUESTA, FL
24: Zip: 33469 25: Country:

2a. Mailing Address
26: 9388 S.E. Island Pl
27: Suite, Apt. #, etc.
28: City & State: TEQUESTA, FL
29: Zip: 33469 30: Country:

4. FEI Number: 59-2823865 ☐ 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

BASS, DONALD L
7166 SE OSPREY STREET
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 reinstated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PEIFFER, DONALD R.	12 NAME	
STREET ADDRESS	9388 S.E. ISLAND PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 33469	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PEIFFER, CAROL L.	22 NAME	
STREET ADDRESS	9388 S.E. ISLAND PL	23 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 33469	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MATTISON, MATTHEW	32 NAME	
STREET ADDRESS	617 OLD BRIAR AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	PSL FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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)(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 added to the report or on an attachment with an address.

SIGNATURE: Carol L Peiffer / CAROL L PEIFFER 3/25/95 407-746-8079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0268185 CP