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 MAY -1 AM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K64496** **(8)**

1. Corporation Name
PEAFREED, INC.

Principal Place of Business	Mailing Address
2990 S. FISKE BLVD SUITE A-4 ROCKLEDGE FL 32955	2990 S. FISKE BLVD SUITE A-4 ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22): # D-1
Suite, Apt. #, etc. (27): # D-1

City & State (23):
City & State (28):

Zip (24): County (25):
Zip (29): County (30):

4. FEI Number: **59-2960863** ☐ 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/will be ineligible for unitary tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARNAVON, BOAZ
1356 RICHWOOD CIR
ROCKLEDGE FL 32955

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 Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
1 TITLE	PST	1 TITLE	☐ Change ☐ Addition
1 NAME	METTLER, MAX	1 NAME	
1 STREET ADDRESS	2990 S. FISKE BLVD, #A-4	1 STREET ADDRESS	# D-1
1 CITY ST ZIP	ROCKLEDGE FL	1 CITY ST ZIP	
2 TITLE	D	2 TITLE	☐ Change ☐ Addition
2 NAME	METTLER, MAX	2 NAME	
2 STREET ADDRESS	2990 S. FISKE BLVD, #A-4	2 STREET ADDRESS	# D-1
2 CITY ST ZIP	ROCKLEDGE FL	2 CITY ST ZIP	
3 TITLE	ASV	3 TITLE	☐ Change ☐ Addition
3 NAME	WALSER, WILHELM A	3 NAME	
3 STREET ADDRESS	2990 S. FISKE BLVD, #A-4	3 STREET ADDRESS	# D-1
3 CITY ST ZIP	ROCKLEDGE FL	3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We 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 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 attachment with an address.

SIGNATURE: W. Walser Wilhelm A. Walser 4/25/95 4076364430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007(000) CP