

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 21 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/27/95--01018--003
DO NOT WRITE IN THESE SPACES \$200.00

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 29676

1. Corporation Name
P.P. & P. Investments, Inc.
415 West Main St.
Avon Park, FL 33825

Principal Place of Business Mailing Address
415 West Main St.
Avon Park, FL 33825

3. Date Incorporated or Qualified **5/10/1990** 3a. Date of Last Report **4/14/94**

2. Principal Place of Business 2a. Mailing Address
21 **415 W. Main St.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
Avon Park, FL 33825 28
Zip Country Zip Country
24 **33825** 25 29 30

4. FEI Number **59-2984372** 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. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
R.L. Padgett, Jr.
40 East Main St.
Avon Park, FL 33825

10. Name and Address of New Registered Agent
81 Name **Robert P. Palmer**
82 Street Address (P.O. Box Number is Not Acceptable) **415 West Main St.**
83
84 City **Avon Park** FL 85 Zip Code **33825**

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 **Robert P. Palmer, DP** 3/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/Pres. ✓	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert P. Palmer ✓	2 NAME	
STREET ADDRESS	415 W. Main St.	3 STREET ADDRESS	
CITY - ST - ZIP	Avon Park, FL 33825	4 CITY - ST - ZIP	
TITLE	Director ✓	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.L. Padgett, Jr. ✓	22 NAME	
STREET ADDRESS	40 E. Main St.	23 STREET ADDRESS	998 W. Main St.
CITY - ST - ZIP	Avon Park, FL 33825	24 CITY - ST - ZIP	Avon Park, FL 33825
TITLE	Director/Secy-Treas.	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.L. Padgett, Sr.	32 NAME	
STREET ADDRESS	40 E. Main St.	33 STREET ADDRESS	998 W. Main St.
CITY - ST - ZIP	Avon Park, FL 33825	34 CITY - ST - ZIP	Avon Park, FL 33825
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 its 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.

SIGNATURE: Robert P. Palmer Robert P. Palmer 3/29/95 813-453-6688
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #