

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L64127 (8)
1. Corporation Name
PEACE OF MIND, INC.



Principal Place of Business
5234 ELM COURT
CAPE CORAL FL 33904
16170 ARAIA DA UNIT E
Punta Gorda, FL 33955

Mailing Address
5234 ELM COURT
CAPE CORAL FL 33904
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 16170 ARAIA DR.
Suite, Apt. #, etc.
22 UNIT E
City & State
23 Punta Gorda FL
Zip
24 33955
Country
25 Charlotte

2a. Mailing Address
26 16170 ARAIA DR.
Suite, Apt. #, etc.
27 UNIT E
City & State
28 Punta Gorda, FL
Zip
29 33955
Country
30 Charlotte

3. Date Incorporated or Qualified
04/06/1990

4. FEI Number
65-0200180
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
OAKS, DAVID K., ESQ.
201 W. MARION AVENUE
SUITE 205
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
81 Name
DONALD L. HAYWARD
82 Street Address (P.O. Box Number is Not Acceptable)
16170 ARAIA DR
83 UNIT E
84 City
Punta Gorda FL 85 Zip Code
33955

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 DONALD L. HAYWARD President 4-25-98
Signature, typed printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	DPST			<input type="checkbox"/>
	HAYWARD, DONALD L.	16170 ARAIA DR UNIT E		<input type="checkbox"/>
	5234 ELM COURT			<input type="checkbox"/>
	CAPE CORAL FL			<input type="checkbox"/>
		Punta Gorda, FL		<input type="checkbox"/>
		33955		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE DONALD L. HAYWARD President 4-25-98 94-231-1234

CR2E034 (10/97)