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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(5)

**DOCUMENT #** 

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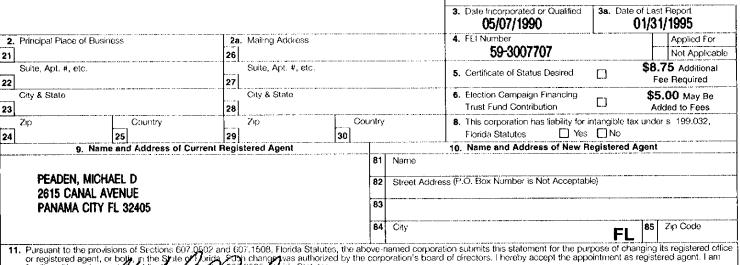
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PEADEN SERVICE, INC.

e of Business

Mailing Address

2617 CANAL AVENUE PANAMA CITY FL 32405 2617 CANAL AVENUE PANAMA CITY FL 32405



12.	OFFICERS AND DIREC	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ D£LETE	1. 1 TITLE	☐ Change ☐ Additio
NAME	PEADEN, MICHAEL D		1.2 NAME	
STREET ADDRESS	1123 CUTCHINS RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32409		1.4.0/TY-S1-ZIP	
TITLE	D	[] DELETE	2 1 TITLE	Change Additio
NAME	PEADEN, ROBERT E		2.2 NAME	
STREET ADDRESS	2304 W. GAME FARM ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405		2.4 CITY-ST-ZIP	
TITLE		DELETE	3. 1 TIILE	Change Additio
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY - ST - ZIP	
TITLE		DELETE	4. 1 TITLE	Change Additio
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-7IP	
TITLE		DELETE	5 1 THEF	Change Additio

64 CITY-ST-ZIP CITY-ST-ZIP 14. Ido 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 supplementa 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 of 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 3 if charged. John a ratial himself with an address.

5.2 NAME 5.3 STREET ADDRESS

6. 1 THILE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-SY-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-25-96

Change

Addition

JEZEU34 (12/95)