

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90917 014 ***150.00

DOCUMENT # P00000002432

1. Entity Name

PEREAU & GROGAN INVESTMENTS, INC.

Principal Place of Business

Mailing Address

5037 HARVEY GRANT ROAD
 ORANGE PARK FL 32073

5037 HARVEY GRANT ROAD
 ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

3409 SECRET COVE PL

3409 SECRET COVE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

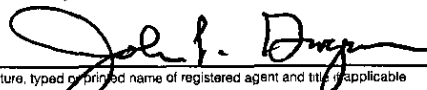
PEREAU, KEITH
 5037 HARVEY GRANT ROAD
 ORANGE PARK FL 32073

Name **JOHN P. GROGAN**

Street Address (P.O. Box Number is Not Acceptable)
3409 SECRET COVE PL

City **JACKSONVILLE** FL Zip Code **32216**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 

JOHN P. GROGAN

4/27/2000

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
PRESIDENT TRUST DIR
JOHN P. GROGAN
 STREET ADDRESS **3409 SECRET COVE PL**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
VICE PRES. SECUR. DIR
KEITH PEREAU
 STREET ADDRESS **5037 HARVEY GRANT ROAD**
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

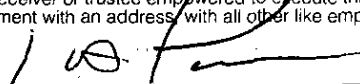
TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **KEITH PEREAU** **4/27/00** **904 349-3660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)