

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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P17114 ✓ (0)		1. Corporation Name THE PEBLE CORP.	
Principal Place of Business 4312 El Mar Drive Lauderdale-by-the-Sea FL 33308		Mailing Address 4312 El Mar Drive Lauderdale-by-the-Sea FL 33308	
2. Principal Place of Business 21 568 E. Woolbright Road Suite, Apt. #, etc. 22 Suite 101 City & State 23 Boynton Beach, FL Zip Country 24 33435 25 USA		2a. Mailing Address 26 568 E. Woolbright Road Suite, Apt. #, etc. 27 Suite 101 City & State 28 Boynton Beach, FL Zip Country 29 33435 30 USA	
9. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		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 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 is 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	CPD
NAME	Paul Broadhead S	1.2 NAME	Paul Broadhead
STREET ADDRESS	2212 B Street	1.3 STREET ADDRESS	568 E. Woolbright Road, Suite 101
CITY-ST-ZIP	Meridian, MS, 39301	1.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	VSTD	2.1 TITLE	
NAME	Angelia T. Covington	2.2 NAME	
STREET ADDRESS	2212 B Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Meridian, MS 39301	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	Sherry M. Broadhead	3.2 NAME	
STREET ADDRESS	2212 B Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Meridian, MS 39301	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Angelia T. Covington Angelia T. Covington, Vice President 4/23/99 601-693-0602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)