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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000056470 (6)

R M PETERSON & ASSOCIATES, INCORPORATED

Principal Place of Business			Mailing Address							
\$31 VIRGINIA AVE WINTER PARK FL 32789		P.O. BOX 2198 Winter Park FL 32790-2188 US								
					 Date Incorporated or Qualified 08/09/1993 		of Last Report 5/1996			
2. Principal P	lace of Business	2a. Mailing Address			•	4. FEI Number		Applied For		
21	123 N. High				· · · · · · · · · · · · · · · · · · ·	59-3036397		Not Applicable		
Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	Mt. Dora, F		City & State 28 Mt. Dora				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country		Zip		untry		8. This corporation has liability for i			
24		ISA	29 32756	30 U	SA			Yes 🔲		
	9. Name and Addres	s of Current F	legistered Agent		81	Nome	10. Name and Address of New Re	gistered Aç	jent	
PETERSON, ROBERT L					82	Name				
531 VIRGINIA AVE WINTER PARK FL 32789						Street Ad	ess (P.O. Box Number is Not Acceptable)			
					83					
					84	City		FL	85 Zip Code	
11. Pursuant office or ragent. La	to the provisions of Section registered agent, or both, im familiar with, and accept	ons 607.0502 a in the State of pt the obligation	and 607.1508, Florida Stat Florida. Such change wa ons of, Section 607.0505,	utes, the a s authorize Florida Sta	bove d by tutes	e-named co the corpor 3.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of c t the appoi	hanging its registered ntment as registered	
SIGNATURE	Stofes Little	1001		Rober	t	L. Pe	eterson	1/20	/97	
12.	griature typed or printed hame. OF	FICERS AND [OTE Registere	d Age	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND F	NRECTORS IN 12	
TITLE	P\$		DELETE	1.1 T	ITLE	····	ADDITION OF THE OFFICE		Change Addition	
NAME	PETERSON, ROBER	ΤL		1,2 N	AME					
STREET ADDRESS	32501 OKALOOSA			1.3 S	TAEET	ADDRESS				
CITY-ST-ZIP	SORRENTO FL			1,4 C	ITY-S	T-ZIP				
TITLE.	٧T		DELETE	2.1 1	ITLE				Change Addition	
NAME	HAMILTON, JEANNE			2.2 N	AME	•				
STREET ADDRESS	2860 BANCHORY R	OAD		2.3 S	TREET	ADDRESS				
CITY - ST - ZIP	WINTER PARK FL					ST-ZIP				
TITLE			☐ DELETE	3,1 T					Change Addition	
NAME :				3.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	3.4. C		ST-ZIP			Change Addition	
NAME			C. Decert	4.21				L.	T cumula T variation	
STREET ADDRESS						ADDRESS				
City - St - ZiP										
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 Ti		T-ZIP		Г	Change Addition	
NAME			<u> </u>	5.2 N				L.,		
STREET ADDRESS				1		ADDRESS				
CITY - ST - ZIP						T-ZIP				
TITLE			DELETE	6.1 TI					Change Addition	
NAME				6.2 N				_	<u> </u>	
STREET ADDRESS.				635	TREET	ADDRESS				

6.4 CITY-ST-ZIP 14. I do 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

Jeanne P. Hamilton