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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088546 (5)

P & L INVESTMENTS, INC.

Principal Place of Business

PO BOX 1808 2885 S.E. HWY 70 ARCADIA FL 33821 ARCADIA FL 34265-1808 3. Date Incorporated or Qualified 3a, Date of Last Report 12/29/1993 01/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0469702 26 21 Not Applicable Suite. Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Ziρ Country This corporation has tiability for intangible tax under s. 199.032, Yes No 34266 Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALDRON, EUGENE E JR 124 N BREVARD AVE Street Address (P.O. Box Number is Not Acceptable) 82 ARCADIA FL 33821 83 84 City 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 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 Signature hyped on permit maner of registered agent and title. Lappricable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (6) 12 13. Change Addition DELETE 1.1 TITLE THE PEACOCK, W J III 1.2 NAME 72E034 NAME 4505 SE CR 760 STREET ADDRESS 1.3 STREET ADDRESS ARCADIA FL DITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 TITLE THILE LAWRENCE, STEPHEN V 2.2 NAME NAME 5961 SE CR 763 STREET ADDRESS 2.3 STREET ADDRESS ARCADIA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE Change THE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY-ST-ZIP 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 color of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Bloc

W. J. PEACOCK, III

or on an attachment with an address.

1/10/97

941-494-6203

FILED

Jan 23 1997 8:00am

Secretary of State

Daytime Phone #