

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000060596 (1)**  
 1. Corporation Name  
**PEBBLE CREEK PLACE, INC.**



Principal Place of Business: **3005 CARING WAY PORT CHARLOTTE FL 33952**  
 Mailing Address: **3005 CARING WAY PORT CHARLOTTE FL 33952-5339**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>28100 N JONES LOOP RD</b>	26	<b>P.O. BOX 511255</b>	<b>08/16/1994</b>	<b>04/11/1996</b>
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		<b>65-0527070</b>	Not Applicable
24	<b>33982</b>	25	<b>CHARLOTTE</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29	<b>33951</b>	30	<b>CHARLOTTE</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

8. Name and Address of Current Registered Agent: **SLACK, JAMES D 3005 CARING WAY PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent: **WILLIAM J. SUTTON 28100 N. JONES LOOP ROAD PUNTA GORDA FL 33982**

11. Pursuant to the provisions of Sections 607.042 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: *William J. Sutton* DATE: **4/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLACK, JAMES D</b>	1.2 NAME	<b>SUTTON, WILLIAM J.</b>
STREET ADDRESS	<b>3005 CARING WAY</b>	1.3 STREET ADDRESS	<b>28100 N. JONES LOOP RD</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	1.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL. 33982</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>TREASURY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTTON, WELLINGTON J</b>	2.2 NAME	<b>SUTTON, WELLINGTON J.</b>
STREET ADDRESS	<b>P.O. BOX 1255 (N/A)</b>	2.3 STREET ADDRESS	<b>P.O. BOX 511255</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33951</b>	2.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL. 33951-1255</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VICE PRES:</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHARTON, ROBERT L</b>	3.2 NAME	<b>SUTTON, CHARLES, R.</b>
STREET ADDRESS	<b>R.D. 9, BOX 221</b>	3.3 STREET ADDRESS	<b>275 RIDGEWAY DRIVE</b>
CITY-ST-ZIP	<b>BUCKHANNON WV 26201</b>	3.4 CITY-ST-ZIP	<b>BRIDGEPORT, WV 26330</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SUTTON, FRANKLIN L</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>113 CIMARRON ROAD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>CLARKSBURG, WV 26301</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Sutton* DATE: **4/21/97** **941-639-7470**

CR2E034 (9/96)