


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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000060596 (1)**  
 1. Corporation Name  
**PEBBLE CREEK PLACE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>28100 N JONES LOOP RD                  PUNTA GORDA FL 33982                  US</b>	Mailing Address <b>PO BOX 511255                  PUNTA GORDA FL 33951                  US</b>
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3. Date Incorporated or Qualified <b>08/16/1994</b>	
4. FEI Number <b>65-0527070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**SUTTON, WILLIAM J**  
**28100 N JONES LOOP RD**  
**PUNTA GORDA FL 33982**

**10. Name and Address of New Registered Agent**

<b>01</b> Name
<b>02</b> Street Address (P.O. Box Number is Not Acceptable)
<b>03</b>
<b>04</b> City
<b>05</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SUTTON, WILLIAM J</b>
STREET ADDRESS	<b>28100 N JONES LOOP RD</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SUTTON, WELLINGTON J</b>
STREET ADDRESS	<b>PO BOX 511255</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>SUTTON, CHARLES R</b>
STREET ADDRESS	<b>275 RIDGEWAY DR</b>
CITY-ST-ZIP	<b>BRIDGEPORT WV</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SUTTON, FRANKLIN L</b>
STREET ADDRESS	<b>113 CIMARRON RD</b>
CITY-ST-ZIP	<b>CLARKSBURG WV</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

**SIGNATURE:** *William J Sutton*

4/17/98 941-639-7470

CR2E034 (10/97)