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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000087622 (4)**
1. Corporation Name
PEEPERS & TMEKEEPERS, INC.

Principal Place of Business
**C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR., SUITE 1014
FT. WALTON BEACH FL 32547**

Mailing Address
**C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR., SUITE 1014
FT. WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1994		3a. Date of Last Report	
4. FEI Number 59-3285976		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent FOSTER, WILLIAM S 909 MAR WALT DR. SUITE 1014 FT. WALTON BEACH FL 32547				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				B5 FL		B5 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 registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHLEY, CAROL P	1.2 NAME	
STREET ADDRESS	415-G MARY ESTHER CUTOFF	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHLEY, DWIGHT L	2.2 NAME	
STREET ADDRESS	415-G MARY ESTHER CUTOFF	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Carol P. Atchley Carol P. Atchley 4/18/95 904-231-41651
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Day/Mo/Yr)