

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000087622 (4)

1. Corporation Name

PEEPERS & TIMEKEEPERS, INC.

Principal Place of Business

#3 MARKET WEST
SEASIDE FL 32459-4819
US

Mailing Address

PO BOX 4819
SEASIDE FL 32459-4819
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3285976	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ATCHLEY, CAROL P	1.2 NAME	
STREET ADDRESS	415-G MARY ESTHER CUTOFF	1.3 STREET ADDRESS	431 Bryn Athyn Blvd.
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ATCHLEY, DWIGHT L	2.2 NAME	
STREET ADDRESS	415-G MARY ESTHER CUTOFF	2.3 STREET ADDRESS	431 Bryn Athyn Blvd.
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	2.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ATCHLEY, Heather L	3.2 NAME	
STREET ADDRESS	Po Box 4819 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	Seaside, FL 32459	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental statement is true and accurate and that any signature made by me or under my authority as an officer or director of the corporation on the foregoing is made empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

Heather Atchley (Vice-President)

4-2-98 850-231-4651

CR2E034 (10/97)