FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ÚÁOFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000045558 (0) DOCUMENT # 1. Corporation Name

PENINSULA SERVICES, INC.

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Principal Place of Business Mailing Address							6 1885/888 (16 1916) Bills Gelit Baier anni erin nenn eine, minn anne, minn				
8144 BLUESTAR CIRCLE ORLANDO FL 32819			POST OFFICE BOX 690067 ORLANDO FL 32869-0067								
								 Date Incorporated or Qualified 06/07/1995 	3a . Da	te of Last Report	
	District A Physics		20	Maling Address				4. FEI Number		Applied For	
	Trinopart Rice of Basiness			Maring / radiooc				59-3325725		Not Applicable	
21	Suite, Apt. #, etc.			Suite, Apt. #, etc				5. Certificate of Status Desired See Required			
22	City & State		27	City & State			-	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	Zıp	Country	28	Zγp	30	intry		8. This corporation has liability for Florida Statutes Yes	intangible	tax under s. 199.032,	
24	25 29 9. Name and Address of Current Registered Agent			tered Agent				10. Name and Address of New Registered Agent			
	DOWER, TERRE 8144 BLUESTAF ORLANDO FL 3	SA K R CIRCLE	rrent regis	nereo Agom		81 82 83		ldress (P.O. Box Number is Not Acceptat		Jas I Zn Code	
-							L		ŗ	L	

		the above-named co by the corporation's I	rporation submits this statement for the purpose of changing its registered office 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.		4/10/96
SIGNATURE	iature. Ispeed or pointed from e of registeries agreed and the majorist at it	Registered Agest signature is	equied wise involuting.
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1 1 TIFLE	V/T/D Change 😡 Addition
NAME		1.2 NAML	Steven F. Dower
STREET ADDRESS		1.3 STREET ACCRESS	Steven F. Dower 8144 Bluestar Circle
CITY-ST-ZIP		1.4 C(LY - \$1 - Z)F	Orlando, F1, 32819
TITLE	DELEJE	2 1 THLE	P/D Change Add-tion
NAME		2.2 NAME	Terresa K. Dower
STREET ADDRESS		2.3 STREET ADDRESS	Terresa K. Dower 8144 Blue star Circle Orlando, Fl. 32819 Change MAddition
City-ST-ZIP		24 0HY-ST 209	Orlando, F1, 32819
TITLE	DELETE	3 1 T-TLF	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY - ST - ZIP	
TITLE	DELETE	4 1 TITLE	Change Addition
NAME		4.2 NAME	100001795051 -04/25/3601097007
STREET ADDRESS		4.3 STREET ADDRESS	
		4.4 CiTY - ST - ZiP	***200.00
CITY - ST - ZIP	☐ DELETE	5 t TITLE	Change Addition
NAME		5.2 NAME	
1		5.3 STREET ADDRESS	
STREE! ADDRESS		5.4 Crt y - ST - ZiP	
CITY - ST - ZIP	☐ DELETE	6 1 TITLE	Chang Addition
TITLE		6.2 NAME	
NAME		6 3 STREET ADDRESS	11.00

64 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 119.07(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 trusted 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 only attachment with an address.

TERRESAK DOWER SIGNATURE!

4/6/96

407-351-7771