

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000049188 (2)**

1. Corporation Name

NATIONAL PBE, INC.

Principal Place of Business

**6529 SOUTHERN BLVD
WEST PALM BEACH FL 33413
US**

Mailing Address

**6529 SOUTHERN BLVD
WEST PALM BEACH FL 33413
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

59-3333822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. PO Box 24631
22. City & State	27. WPA FL
23. Zip	28. 33416
24. Country	29. USA

9. Name and Address of Current Registered Agent

**PECKHAM, GEOFFREY
6529 SOUTHERN BLVD
WEST PALM BEACH FL 33413**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	PECKHAM, GEOFFREY	1.2 NAME	Robert Smithwick, Jr
STREET ADDRESS	6529 SOUTHERN BLVD	1.3 STREET ADDRESS	777 W. CENTRAL BLVD
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	ST	2.1 TITLE	
NAME	TAPP, ZACHARY	2.2 NAME	
STREET ADDRESS	825 SOUTH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	MONDAY, KATHLEEN A	3.2 NAME	
STREET ADDRESS	15705 CHADWICK COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	HOLLYFIELD, SYNDE W	4.2 NAME	
STREET ADDRESS	3117 CAMELLIAWOOD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	STEVENS, JOHN D	5.2 NAME	
STREET ADDRESS	700 TEAL WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	DIRECTOR
NAME	HANSEN, CHARLES F JR	6.2 NAME	HANSEN, CHARLES F JR
STREET ADDRESS	6529 SOUTHERN BLVD	6.3 STREET ADDRESS	6529 SOUTHERN BLVD
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WEST PALM BEACH, FL

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:

4/28/98 561-478-2711

CR2E034 (10/97)