

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086307 (2)

1. Corporation Name

PENINSULA FINANCIAL SERVICES CORPORATION, INC.

FILED

96 SEP 10 AM 9:52

SECRETARY OF STATE



Principal Place of Business

Mailing Address

915 SE 17TH ST
OCALA FL 34471

915 SE 17TH ST
OCALA FL 34471

3. Date incorporated or Qualified 11/08/1995	3a. Date of Last Report
4. FEI Number 59-3349176	Applied For 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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 2014 Twin Bridge Ct.

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City & State

27

City & State

23

Ocala, Florida

28

Zip

Country

Zip

Country

24

34471

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EGAN, THOMAS M
915 SE 17TH ST
OCALA FL 34471

81 Name

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

83

84 City

900001952479

09/20/96 01020 020

***375.00 FL ***375.00

11. Pursuant to the provisions of Sections 607.0602 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 street address)

(NOTE: Registered Agent signature is required when not a director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	EGAN, THOMAS M	
STREET ADDRESS	915 SE 17TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	BONNIE K. PAYTON	
STREET ADDRESS	2014 TWIN BRIDGE CT	
CITY-ST-ZIP	OCALA, FLORIDA 34471	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bonnie K. Payton, President

BONNIE K. PAYTON, PRESIDENT

9-07-1996

352-690-7099

Date

Daytime Phone #

CR2E034 (3/96)