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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015941 (3)

PEPSI'S FRAMING, INC.

一切の一種のあってず、そのものない、どうではなが、 あずくしめの 後世をするして 熱やずるなな

FILED Feb 09 1998 8:00am Secretary of State



					<u> </u>	
Principal Place of Business Mailing Address						
382 HILLTOP COURT 382 HILLTOP COURT						
DELAND FL	32724	DELAND FL 32724		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	1
					02/20/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26			•		59-3363631	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State	City & State City & State		-		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country Zip Cou		Country		8. This corporation owes or has paid the o	current year Intangible
24	25		30		Personal Property Tax due June 30.	Yes 🔲 No
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	d Agent
	ST, MELODY N		81	Name		
382 HILLTOP COURT			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
DE	LAND FL 32724					
			83			
			84	City		85 Zip Code
					F	<u>L</u>
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was au	thorized by	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered a	/NOTE	Decistors of Ass	et e engliss see	ured when reinstaling) DATE	
12.		ND DIRECTORS	13.	in a grianire req	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD	DELETE 1.1 TI		T		Change Addition
NAME	MOOT MELORY M		1.2 NAME			
STREET ADDRESS	382 HILLTOP COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32724		1.4 CITY-S			
TITLE			2.1 TITLE			Change Addition
NAME	YOST, DENNIS A		2.2 NAME			
STREET ADDRESS	382 HILTOP CT		2.3 STREET	ADDRESS		1
CITY-ST-ZIP	DELAND FL 32724		2. 4 CITY - 9			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S	1		1
TITLE	DELETE 4.1 T		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	51 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			54 CITY-S	T - 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	T-71P		

14. Thereby 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 coelever 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 on an attachment with an address.