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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026931 (1)

LARRY PETERS INC. Principal Place of Business Mailing Address 615 MONTE CRISTO BLVD. 615 MONTE CRISTO BLVD. TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/27/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3373390 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARK, AL 12600 S. BELCHER RD. Street Address (P.O. Bc. Number is Not Acceptable) 82 SUITE 104E 83 **LARGO FL 34643** 84 Zip Code Seminole 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 trie it approache (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change __ Addition 1.1 TITLE TITLE PETERS, LARRY W NAME 1.2 NAME **615 MONTE CRISTO BLVD** STREET ADDRESS 1.3 STREET ADDRESS TIERRA VERDE FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$T-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIF Addition TITLE DELETE 4.1 TITLE Change 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change DELETE Addition TIRE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 man attachment with an address.

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: January 200

CITY-ST-ZIP

4/29/98

813 896-9380

FILED

May 14 1998 8:00am

Secretary of State