

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90002 044 ***150.00

DOCUMENT # P96000042197

1. Corporation Name

PEG'S NEEDLEWORK, INC.



Principal Place of Business

179 N US HWY 27
SUITE E
CLERMONT FL 34711
US

Mailing Address

179 N US HWY 27
SUITE E
CLERMONT FL 34711
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1996

4. FEI Number

59-3382037

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **15926 Green Cove Blvd**

2a. Mailing Address

26 **15926 Green Cove Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Clermont FL**

City & State

28 **Clermont FL**

Zip

24 **34711**

Country

25 **USA**

Zip

29 **34711**

Country

30 **USA**

9. Name and Address of Current Registered Agent

HORTON, DENNIS L
900 W HIGHWAY 50
CLERMONT FL 34711

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PVTS**
ACKERT, PEGGY
STREET ADDRESS **15926 GREEN COVE BLVD**
CITY-STATE-ZIP **CLERMONT FL 34711**

TITLE ☐ DELETE

NAME **DC**
ACKERT, PEGGY
STREET ADDRESS **15926 GREEN COVE BLVD**
CITY-STATE-ZIP **CLERMONT FL 34711**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE: **Peggy Ackert** **Peggy Ackert**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 **352-394-4043**

Date

Daytime Phone #

CR2E034 (11/98)