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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P96000091431 (2)

PEPPER TRADERS, INC.

## **FILED** Feb 06 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					I INTELIMAL LIA 12146 Alfli ABIJI AR	1164 ##fill ##15 <b>8 14141</b>	SBIG BIRAB IIII	)
2951 HIGHWA PANAMA CIT		P.O. BOX 1698 PANAMA CITY FL <b>22402</b> -	1698					·
					3. Date incorporated or Quali 11/06/1996	fied 3a. Dat	e of Last R	eport
2. Principal i	Place of Business	2a. Mailing Address		20K	4. FEI Number	00/50/	Ar	plied For
1		26 PO. BOX	164		59-34	<u>09506</u>		ot Applicabl
Suite, Apt	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Suite, Apt. #, etc.			5. Certificate of Status Desire	o 🔀	\$8.75 / Fee Re	
City & Sta	ate	City & State			Election Campaign Financi     Trust Fund Contribution	ng 🔲	\$5.00 Added t	
Zip T	Country	Zip	Coun	try	8. This corporation has liabilit			. 199.032,
1	25	29	30		Florida Statutes	Yes [		
	9. Name and Address of Curre	nt Registered Agent		11 Name	10. Name and Address of Ne	W Hegistered A	gent	
	OLTE, BRENDA M		Ľ	TYAIRC	:			
2951 HIGHWAY 77 PANAMA CITY FL 32405					ress (P.O. Box Number is Not Acc	eptable)		
			8	13				
			ε	4 City			<b>85</b> Zip	Code
	nt to the provisions of Sections 607.05					<u>FL</u>		
SIGNATURE	Signature, typed or printed name of registered a	gencand trie if applicable (NO ND DIRECTORS	TE Registered /	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTOR	RS IN 12
TITLE	D	DELETE	1,1 TITL	E   [	DITIS		<b>K</b> Change	Additio
NAME	NOLTE, BRENDA M		1.2 NAN	SE	•			
STREET ADDRESS			1.3 STR	EET ADDRESS				
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OTY-ST-7P	PANAMA CITY FL 32405			Y-ST-ZIP				
TITLE	D	DELETE	4.1 TITL			<del></del>	Change	Additio
NAME	DESCANT, SANDRA		4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405		4.4 CITY	r-ST-ZIP				
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name.			5.2 NAN	ME				
STREET ADORESS	S		5.3 STR	EET ADDRESS				
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NAME			6.2 NAM	AE .				
STREET ADDRESS	S		6.3 STA	EET ADDRESS				
CITY-SY-ZIP			6.4 CIT	1-ST-ZIP				

14. do 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. Brenda M. Nolte