

FILED
Jul 28, 2002 8:00 am
Secretary of State

05-06-2002 90139 011 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000000966

1. Entry Name
PEPPERS, INC.

DO NOT WRITE IN THIS SPACE

39883

2. Principal Place of Business
17458 Front Beach Rd.
Suite, Apt. #, etc.

3. Mailing Address
17458 Front Beach Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PANAMA CITY FL
Zip 32413 Country FLA

City & State
PANAMA CITY FL
Zip 32413 Country FLA

4. FEI Number
59-3424931
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name BON BROWER
Street Address (P.O. Box Number is Not Acceptable)
17458 Front Beach Road
City PCB State FL Zip 32413

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] DATE 5/08/02
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$250.00
Amended UBR is \$61.45
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>PD Brower Benjamin D. 17458 Front Beach Rd. Panama City, FL 32413</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>VD Brower Judy D. 670 Hick Ave Winter Haven, FL 32881</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>SB Brower Robert H III 670 Hick Ave Winter Haven, FL 32881</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/21/02 (800) 642-2326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ECS4B (12/01)