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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700009510

PEANUT BUTTER PRODUCTIONS, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90124 027 ***150.00



| Principal Place of Business Mailing Address | | | | | | |)) 08 4)] 89 4]] 0 1 | 1118 (818) 41 | #1 11911 Bast 1881 |
|--|--|--------------------------------------|--|-----------------------|------------------------|---|---|---------------|------------------------|
| 241 FIRST AVEN INDIALANTIC FL | | P.O. BOX 033271 INDIALANTIC F: 3: | . BOX 033271 IALANTIC F: 32903-0271 | | | DO NOT WRIT | E IN THIS : | SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | | _ |
| | | | | | | 01/27/1997 | | | |
| Principal Place of Business Za. Mailing Address | | | ess | | | 4. FEI Number | | _ ⊢ | Applied For |
| 21 | | 26 | | | | 59-3428134 | | | Not Applicable |
| Suite, Apt. f | ‡, etc. | Suite, Apt. #, | etc. | | | 5. Certifcate of Status Desired | | | Additional Required |
| City & State | | City & State | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be d to Fees |
| Zip ——— | Country | Zip | Соц | ıntry | | 8. This corporation owes the curre | ent year Inta | ingible | - |
| 24 25 29 | | | 30 | | | Personal Property Tax. | | ☐ Yes | □No |
| 9. Name and Address of Current Registered | | | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 | Name | | | | } |
| WAGNER, DANIEL C 241 FIRST AVENUE | | | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | ble) | | |
| | LANTIC FL 32903 | | | 83 | <u> </u> | | | | |
| | | | | 84 | City | | FL | 85 Zi | p Code |
| | | | | <u> </u> | | tin | | hanging i | ts registered |
| | o the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | | | | | oration submits this statement for the on's board of directors, I hereby accep | t the appoin | itment as | registered |
| SIGNATURE | | | | | | Lutaa disabilian) | DATE | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12 OFFICERS AND DIRECTORS | | | | | ut atfluarnie sedniser | ADDITIONS/CHANGES TO OF | | D DIREC | TORS IN 12 |
| 12. | | | 13. LETE 1.1 T | T? F | | ADDITIONOGOTO GO CO | | ☐ Chang | |
| TITLE | D DANIEL C | ۵., | l | AME | \ \ | | | | { |
| NAME | WAGNER, DANIEL C | | | | T ADDRESS | | | | |
| STREET ADDRESS | 241 FIRST AVENUE | | | | ļ | | | | Ī |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | | | ITY-S | 1-ZIP | | | Chang | e Addition |
| TITLE | · | | | 2.1 TITLE 2.2 NAME | | | | _ , | · |
| NAME | SNYDER, CHRISTINE | | | | | | | | Į |
| STREET ADDRESS | 202 HIGGINS AVENUE N.W. | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | PALM BAY FL 32907 | | | | ST- ZIP | | | Chang | e Addition |
| mre | | | | | | | | | |
| NAME | | | | AME | TADDOESS | | | | |
| STREET ADDRESS | , | | | | TADDRESS | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | Chang | e |
| TITLE | | C. D | | VAME | | | | | |
| NAME | | | | | | | | | |
| STREET ADDRESS | | | | | TADDRESS | | | | |
| C/TY-ST-ZIP | | | | | ST- ZIP | | | ☐ Chang | e Addition |
| TITLE | | יט 🗀 טי | 1 | IAME | - | | | | |
| NAME | • | | | | TADORESS | | | | |
| STREET ADDRESS | | | | | ST-ZIP | | | | |
| CITY-ST-ZIP | · | | | ITLE |) AIF | <u></u> | | ☐ Chang | e |
| πιε | | | | IAME | | | | واستار ي | |
| NAME | | | | | T ADDRESS | | | | |
| STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 0 | /11 Y - S | T-ZIP | | | | |

CITY-ST-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.