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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000026029 (3) DOCUMENT #

P&E DESIGN BUILD OF NORTHWEST FLORIDA, INC

:11

Principal Place of Business

Mailing Address

4916 GLOVER LANE

4916 GLOVER LANE

FILED Mar 06 1998 8:00am Secretary of State



MILTON FL 32570		MILTON FL 32570	1	DO MOT MISTE IN TO	0.004.05
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				03/24/1997	,
	Place of Business	2a. Mailing Address	• .	4. FEI Number	Applied For
	Glover LANE	28 4871 Glau	ER LANE		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MUL	TON FI.	· · · · · · · · · · · · · · · · · · ·	-(Trust Fund Contribution	Added to Fees
Zip 24 325	Country	Zip	Country ないらん	8. This corporation owes or has paid the c	_ · _ · .
24 525	570 25 S R		30 5 1	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
PERCUCIA, WILLIAM L				_ Lam	
PENSACOLA FL 32514			82 Street Address (P.O. Box Number is Not Acceptable)		
PERIOACULA PL 32314			83	- ARK CAME	
		,			
			84 City,	F	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 (Lapplicable (NOTE:	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VID	☐ DELETE	1.1 TITLE		Change Addition
NAME	PEACOCK, WILLIAM L		1.2 NAME	,	1.1
STREET ADDRESS	11555 DUELING OAKS COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514	☐ DELETE	1.4 CITY - ST - ZIP	<u></u>	Change Addition
TITLE	EVERS, WILLIAM L	☐ DELETE	2.1 TITLE		K Change L Addition
NAME	8023 GLENVIEW ROAD		2.2 NAME 2.3 STREET ADDRESS	PAR TANK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	MILTON FL 32583		2.4 CITY-ST-ZIP	Company of the Compan	
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ω	
TITLE		☐ DELETE	5.1 TITLE	\mathcal{M}	Addition
NAME			5.2 NAME	1 1	₹// I
STREET ADDRESS			5.3 STREET ADDRESS	//):	
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		,
TITLE		☐ DELETE	6.1 TITLE	0000024495 -03/06/3801044	Change Addition
NAME	,		6.2 NAME	-03/06/38010444	J33
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	perify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07/3)(i) Florida Statutes I further	certify that the information
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.					