

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90081 033 ***150.00

0412359

DOCUMENT # P97000040830

1. Corporation Name
PEA'S AND CARROTS, INC.

Principal Place of Business
28 N FORT HARRISON AVE
CLEARWATER FL 33755
US

Mailing Address
28 NO. FT HARRISON
CLEARWATER FL 33755
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/08/1997

4. FEI Number
59-3457189

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 Same as above

2a. Mailing Address
26 Same as above

Suite, Apt. #, etc.
22 N/A

Suite, Apt. #, etc.
27 N/A

City & State
23 Clearwater FL

City & State
28 Clearwater FL

Zip
24 33755

Country
25 USA

Zip
29 33755

Country
30 USA

9. Name and Address of Current Registered Agent

BELLOISE, SALVATORE III
914 NARCISSUS AVE
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name
Salvatore Belloise III or Patricia Belloise
82 Street Address (P.O. Box Number is Not Acceptable)
914 Narcissus Ave
83
84 City
Clearwater, FL
85 Zip Code
33755

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	BELLOISE, SALVATORE I	914 NARCISSUS AVE	CLEARWATER FL 33755	<input type="checkbox"/>
VPS	BELLOISE, PATRICIA	914 NARCISSUS AVE	CLEARWATER FL 33755	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Patricia Belloise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (727)444-4411
Date Daytime Phone #

CR2E034 (11/98)