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

DOCUMENT # P97000095401 (0)

PEPPERHEAD PRODUCTS, INC.

FILED

(May 01 1998 8:00am

Secretary of State



Delegate at Disc.	(D	Mailes Address			
Principal Place of Business Mailing Address					
431 S.E. FOURTH TERRACE 431 S.E. FOURTH TERRACE					
PUMPANO	BEACH FL 33060	POMPANO BEACH FL 33080			DO NOT WRITE IN THIS SPACE
ŀ					3. Date Incorporated or Qualified
					11/06/1997
2. Principal P	ace of Business	2a, Mailing Address			4. FEI Dumber Applied For
21	~	6			(05-019)367 Not Applicable
Sulte, Apt.	#/etc.	Suite, Apt. #, etc.			58.75 Additional
22	MMC	ر ال			5. Certificate of Status Desired Fee Required
City & State					6. Election Campaign Financing \$5.00 May Be
23					Trust Fund Contribution Added to Fees
Zip		(///	Country	y	8. This corporation owes or has paid the current year Intangible
24	25	30			Personal Property Tax due June 30. Yes No
=-1	Name and Address of Current Re			_	10. Name and Address of New Registered Agent
N	(IDDLETON, WILLIAM T		81	Name	me
i "	31 S.E. FOURTH TERRACE		82	0	(0.0. D. Al
POMPANO BEACH FL 33060				Stree	eet Address (P.O. Box Number is Hot Acceptable)
'	OIN AIRO DEACHTE SOUR		83		
			84	City -	FL 85 Zip Code
dd Disasisanti	to the annual seed Cookings CO7 OF O2 on	d 607 1509. Elevide Statutes, th	a obou	0.0000	
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					alure required when reinstating) DATE
40	Signature, typed or pointed name of registered agent and OFFICERS AND DI		18160 AQ	en signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	· · · · · · · · · · · · · · · · · · ·	.1 TITLE		Change Addition
NAME	MIDDLETON, SUE E		.2 NAME		
' '	431 S.E. FOURTH TERRACE			t address	
STREET ADDRESS	POMPANO BEACH FL 33060				
CITY-ST-ZIP	D DEACHTE GOOD		.4 CITY-: .1 TITLE	51 - ZIP	Change Addition
TITLE	MIDDLETON, WILLIAM T	_			
NAME	431 S.E. FOURTH TERRACE		.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4 CITY-	ST-ZIP	
TITLE		-	.1 TITLE		☐ Change ☐ Addilion
NAME			.2 NAME		
STREET ADORESS				T ADDRESS	
CITY-\$T-ZIP		· '' - 1 · · · · · · · · · · · · · · · · · ·	4. CITY-	ST - ZIP	
TITLE			.1 TITLE		Change Addition
NAME		1 '	. 2 NAME		
STREET ADDRESS			3 STREE	t address	SSS
CITY-ST-ZIP			4 CITY-	ST - ZIP	
TITLE		☐ DELETE :	1 TITLE		☐ Change ☐ Addition
NAME			.2 NAME		
STREET ADDRESS			.3 STREE	t address	ESS
CITY-ST-ZIP			4 CITY-	ST-ZIP	
TITLE		DELETE	.1 TITLE		Change Addition
NAME		e	2 NAME		
STREET ADDRESS			.3 STREE	T ADDRESS	rss
CITY-ST-ZIP			4 CITY-		
14, I hereby o	certify that the information supplied with a				stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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 for experience in the composition of the corporation for the receiver of the corporation for the receiver of lines to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by an an experience in address.

11 22,98 0

954-782-7626