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 #

P97000107708 (4)

PEPPER, INC.

Principal Place of Business	Mailing Address	
1837 WINDERMERE DOWN PLACE WINDERMERE FL 34786	1837 WINDERMERE DOWN PLACE WINDERMERE FL 34786	
2. Principal Place of Business	2a. Mailing Address	

FILED
Apr 03 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address								
1837 WINDERMERE DOWN PLACE WINDERMERE FL 34786 1837 WINDERMERE DOWN PLACE WINDERMERE FL 34786							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				12/22/1997				
2. Principal Place of Business 2a. Mailing Address					}			4. FEI Number Applied For S79 - 348 4761 Not Applicable
21			Suite, Apt. #, etc	te .			\$9.75 Additional	
22 27			1	ipi. nj oto.			5. Certificate of Status Desired Fee Required	
			City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
			28	Ziρ Country				Trust Fund Contribution Added to Fees
Zip 24	-	Country 25	29	- Ζίρ]	30	untry	4	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
29		and Address of C			30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
DC		AWKINS, P.A.	-			81	Name	
		IDGEWOOD AVE	•			82	Street Addr	ess (P.O. Box Number is Not Acceptable)
DA	YTONA BE	ACH FL 32114				L		
						83	İ	
						84	City	FL 85 Zip Code
11. Pursuant	to the provisi	ons of Sections 607	0502 and	607 1508 Florida 5	Statutes the a	hov	e-pamed coro	poration submits this statement for the purpose of changing its registered
office or r	egistered ag	ent, or both, in the l h, and accept the o	State of Flo	rida. Such change	was authorize	d b	y the corporati	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	min iquanida ira	in and docopi mo	bilganona	51, 0001011 001.000	50, 1 10 100 010		o.	
	Signature, typod	or printed name of register				d Ag	ent signature require	ed when reinstating) DATE
12.	- DD	OFFICERS	AND DIRE	ECTORS DELET	13. E 1.11	uti f		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME								Charge Multion
STREET ADDRESS 1837 WINDERMERE DOWN PLACE					1.3 STREET ADDRESS			
CITY-ST-ZIP	MANAGERIAGE EL ALTRA					ST-ZIP		
TITLE				☐ DELET	E 21 T	TLF		☐ Change ☐ Addition
NAME					2.2 N	AME		
STREET ADDRESS	STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				DELET			ST-ZIP	Change Addition
TITLE NAME					E 3.1 ¥			Change Admittel
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP							ST-ZIP	
TITLE				☐ DELET	£ 4.1 T	TLE		☐ Change ☐ Addition
NAME					4. 2 (IAME		i
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELET			ST-ZIP	Change Addition
NAME					5.2 N			La Grange Addition
STREET ADDRESS							ADORESS	
CITY-ST-ZIP						-	T-ZIP	
TITLE			<u>-</u>	DELET				Change Addition
NAME					6.2 N	AME		
STREET ADDRESS					6.3 S	TREET	ADDRESS	
CITY-ST-ZIP					6.4 C	ITY-S	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.