Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90021 028 ***150.00

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

DOCUMENT # P98000026285

1. Corporation Name

PEABODY ENTERPRISES, INC.

		·											
Principal Place of Business			Mailing Address					1	1		,		
1426 CLARION DRIVE			1426 CLARION DRIVE										
VALRICO FL 33594		VALRICO FL 33594				DO NOT WRITE IN THIS SPACE							
								3. Date	Incorporated or Qu				
								II	0/1998				
2 Principal Pl	ace of Business	2a.	Mailing Address				_	4. FEI N		_		A	pplied For
21			26					59-	250186	ч			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	2 2 11				\$8.75	Additional
22			27					5. Certific	cate of Status Desi	rea i		Fee F	Required
City & State			City & State					-6; Election	on Campaign Final	ncing	— 	\$5.00	May Be
23			28						Fund Contribution		<u> </u>		to Fees
Zip Country			Zip Coun				8. This corporation ow			e curren	t year Inta		
24	25	29	_	30				Perso	nal Property Tax.		<u>.</u>	☐ Yes	⊠No_
	9. Name and Address of Curr	ent Regis	tered Agent		Щ			10. Name	e and Address of	New Rec	gistered A	Agent	
					81	Nan	ne						1
WOODBURY, MARK					82	Stre	et Addre	ss (P.O. Bo	x Number is Not A	cceptabl	e)		
1426 CLARION DRIVE								· · · · · ·			<u> </u>		
VALRICO FL 33594													!
					84	City						85 Zip	Code
	to the provisions of Sections 607.0				1 1	•			,		FL		
agent. I a	to the provisions of Sections 60.70 gistered agent, or both, in the Star m familiar with, and accept the oblining starts, the start of	gations of,	Section 607.0505, F#	orida Stat	utes.			when reinstating			DATE		
12.	OFFICERS /			13.					IONS/CHANGES	O OFFI	CERS AN	D DIRECT	ORS IN 12
TITLE	D		☐ DELETE	1.1 Ti	TLE					-		☐ Change	☐ Addition
NAME I	WOODBURY, MARK			12 N	AME					•			1
STREET ADDRESS	1426 CLARION DRIVE			1.3 S	TREET	T ADDRE	ss						İ
CITY-ST-ZIP	VALRICO FL 33594			1.4 C	ITY-S1	T-ZIP							
TITLE			☐ DELETE	2.1 Ti	πE							☐ Change	☐ Addition
NAME				22 N	AME								
STREET ADDRESS				2.3 S	TREET	ADDRE	ss						
CITY-ST-ZIP				2.40	mγ-s	T-ZIP							
TITLE			☐ DELETE	3.1 T								Change	Addition
NAME				3.2 N	AME						•		
STREET ADDRESS				3.3 S	TREET	T ADDRE	ss						
CITY-ST-ZIP				3.4. (CITY-S	ST-ZIP	1						
TITLE			☐ DELETE	4.1 T	πE					_		Change	Addition
NAME				4.21	AME								
STREET ADDRESS				4.3 \$7		STREET ADORESS							
CITY-ST-ZIP				4.4 0	my-s	T-ZIP	i						
TITLE			☐ DELETE	5.1 T								☐ Change	Addition
NAME				5.2 N	AME								
STREET ADDRESS				5.3 S	TREET	TADORE	SS						}
CITY-ST-ZIP				5.4 C	ITY-S	T-ZIP	Ĺ						
TITLE			☐ DELETE	6.1 T	ITLE							☐ Change	Addition
NAME				6.2 N	AME		1						
STREET ADDRESS				6.3 S	TREET	T ADORE	SS			•			

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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP