PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000035986

1. Corporation Name

PEPPERMILLS OF GRAYTON BEACH, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90105 035 ***150.00



Principal Place	of Business	Mailing Address						
231E HIGHWAY 30A BLDG. D 231E HIGHWAY 30A BLDG. D								
GRAYTON BEACH FL 32459 GRAYTON BEACH FL 32459						DO NOT WRITE IN THIS SPACE		
 						3. Date Incorporated or Qualifed		
						04/21/1998		
2 Principal Pl	ace of Business	2a. Mailing Address	· · · · · ·			4. FEI Number		Applied For
_	ace of Business	26				19-3510619		Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22 51 UPTOWN GRATON CITY 51 UPTOWN GR					CIR.	5. Certifcate of Status Desired	Fee	Required
City & State i City & State						6. Election Campaign Financing	\$5.0	O May Be
23 GRAYTON BEACH, FL 28 GRAYTON BEACH				(-(-	Trust Fund Contribution	Adde	d to Fees
Zip x	Country		Counti			8. This corporation owes the current year li		_ [
24 32A	ST 25 WaltON	29 32AS9 30	<u> </u>	Sal	10 N	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	4	<u></u> -		10. Name and Address of New Registered	d Agent	
	OUT BOUGH 4		8	1 Nan	ne			
HAUGHT, BRUCE A				2 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
501 HIGHWAY 98 STE. G				┷			-	
DESTIN FL 32541				83			. ,	
			8	4 City			85 Zi	p Code
] `			<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he abo rized b	ove-nam	ed corpo progration	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing ointment as	registered registered
agent. I	maniliar with and accept the obligation	onslof, Section 607.0505, Florida	Statute	9S.		oration submits this statement for the purpose on's board of directors. I hereby accept the app	March 1	20
SIGNATUR	WALKE SERVER	WALL KENEZEKEN	V)				47200	PRY I
	Signature, typed of printed name of registered agents			gent signati	ne required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Chang	
TITLE	DP CURIOTORUER R	[] DECETE	1.2 NAME					
NAME	LESAK, CHRISTOPHER P	ľ						
STREET ADDRESS	E100 HOOKI CHOILE BINE			EET ADDRE	.55			
CITY-ST-ZIP			1.4 CITY 2.1 TITLE		+		☐ Chang	e [Addition
TITLE	ST CERRIL		2.2 NAME		- [
NAME	LESAK, GERRI L			E EET ADDRÉ	ee l			į
STREET ADDRESS	E 105 1100111 OFFICE DIALE				.33			
CITY-ST-ZIP			2. 4 CITY 3.1 TITLE		+		☐ Chang	e Addition
TITLE			3.2 NAMI					
NAME			-	EET ADDRE	ess			
STREET ADDRESS			3.4. CITY					
CITY-ST-ZIP			4.1 TITLE		+		☐ Chang	e Addition
NAME			4. 2 NAM					İ
STREET ADDRESS				"- EET ADDRE	ss			
)			4.4 CITY-					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE				Chang	ge Addition
NAME			5.2 NAMI					
STREET ADDRESS			5.3 STRE	EET ADDRE	ss			J
			5.4 CITY	- ST-ZIP				
CITY-ST-ZIP TITLE			6.1 TITLE		_		☐ Chang	ge Addition
NAME			6.2 NAMI	E				
				EET ADDRE	:SS			
STREET ADDRESS								. 1

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 chapped or on an attachment with an address, with all other like empowered.

SIGNATURE:

NIED NAME OF SIGNING OFFICER OR DIRECTOR