FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000049525

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90057 043 ***150.00

| APPLE PEDDLER, INC. | | | | | | | | |
|---|---|------------------------------------|---------------------------------------|----------------------------------|---|---|-------------------------------|----------|
| Principal Place | e of Business | Mailing Address | | | A IMBANADA ANG ANTA IDAN BURA DESAN DU | #1 40 011 B1 010 101 0) | TELLS SIDE! D | AL 1881 |
| 557 S.W. WOOD CREEK DRIVE 557 S.W. WOOD CREEK DRIVE | | | /E | | | | | |
| PALM CITY FL 34990 PALM CITY FL 34990 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | 06/01/1998 | | | ļ |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied i | For |
| 21 | | 26 P.O. 130x | 804 | | 65-0850 526 | | Not Appl | icable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 5 Additio | |
| 22 27 | | | | | | | Required | |
| City & State | e | City & State | FI | | 6. Election Campaign Financing | | 00 May E led to Fee | |
| Zip | Country | Zip STUART | Country | ļ | Trust Fund Contribution 8. This corporation owes the current y | | eu to ree | - |
| 24 | 25 | 29 34 995 3 | ¬ 1.60 | | Personal Property Tax. | ∑ Yes | □No | , |
| 24 | 9. Name and Address of Current | | | 1 | 10. Name and Address of New Regis | stered Agent | | |
| 81 Name A | | | | | RRYABATEY | | | |
| BATI | 82 Street | | s (P.O. Box Number is Not Acceptable) | | | $\overline{}$ | | |
| 2201 | 5; | | SW WOOD CREE | gk Dr | | | | |
| STU | 83 | | | | | | | |
| | | | 84 City | | C | 85 2 | Zip Code | 4 |
| | | | the above-named | AL | m LITY | FL of | 3 4 4 4 3 ita racial | borod |
| 11. Pursuant to the provisions of Sections of Sections of Sections and out 1500, Florida Such change was authorized by the corporation's heart of directors. Thereby accept the appointment as registered | | | | | | | | |
| agent. I a | m familiar with, and accept the obligation | ons of Section 607.0505, Florid | a Statutes. | | , | 1179/99 | <i>;</i> | |
| SIGNATURE | Signature, typed or pfinted name of registered agents | and title if applicable. (NOTE: Re | egistered Agent signature re | equired w | rhen revistating) | ATE | | — I, |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO DEFICE | RS AND DIREC | CTORS IN | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | P | RES LARRY A TO SW WOOD CA AUM City F1 39 | [∑ Char | ige 🗌 | Addition |
| NAME | BATEY, LARRY A | | 1.2 NAME | B | ATEY, LARRY IT | od voo | | |
| STREET ADDRESS | 2201 S.E. INDIAN STREET | | 1.3 STREET ADDRESS | 5.5 | 57 SW ME WOOD CA | igos | | |
| CITY-ST-ZIP | STUART FL 34997 | | 1.4 CITY-ST-ZIP | P: | Aum City F1 3 | 779U □ Char | | Addition |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | ☐ Cital | ige 1,1 | Addition |
| NAMÉ | , | | 2.2 NAME | | | | | } |
| STREET ADDRESS | | • | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | ☐ DELETÉ | 2.4 CITY-ST-ZIP 3.1 TITLE | | | Char | nge 🗀 | Addition |
| TITLE | | | 3.2 NAME | | | | - <u> </u> | |
| NAME | | | 3.3 STREET ADDRESS | | | | | |
| STREET ADDRESS | | | 3.4. CITY-ST-ZIP | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Char | nge 🔲 | Addition |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | • | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Char | nge 🔲 | Addition |
| NAME | 1 | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | İ |
| _CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | <u> </u> | | | | |
| TITLE (5) | | ☐ DELETE | 6.1 TITLE | | | Char | nge 📙 | Addition |
| NAME · | 1 | | 6.2 NAME | | | | | |
| STREET ADDRESS | I 1 31 21 1 | | 6.3 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-29-99

561-287-6957