

8/3/1999 10:01 AM

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

AMENDED

FILED

97 AUG -6 AM 8:17

STATE OF FLORIDA
TALLAHASSEE

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000056394

1. Corporation Name

W.R.B. PEAT FARMING, INC.

Principal Place of Business

Mailing Address

 1414 SWANN AVE.
 SUITE 201
 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

59-3528476

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required
6. Election Campaign Financing
Trust Fund Contribution
☐ \$5.00 May Be
 Added to Fees
8. This corporation owes the current year Intangible Personal
Property Tax.
☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

 Suite, Apt. #, etc.
 City & State

 Suite, Apt. #, etc.
 City & State

 Zip
 Country

 Zip
 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 O'NEILL, ALBERT C JR.
 101 EAST KENNEDY BOULEVARD
 SUITE 2700
 TAMPA, FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 1.1 TITLE PD ☒ Change ☐ Addition
 1.2 NAME BLANCHARD, WILLIAM M.
 1.3 STREET ADDRESS 1414 SWANN AVE., SUITE 201
 1.4 CITY - ST - ZIP TAMPA, FL 33606

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 2.1 TITLE VPD ☒ Change ☐ Addition
 2.2 NAME BLANCHARD, G R SR.
 2.3 STREET ADDRESS 414 SWANN AVE., SUITE 201
 2.4 CITY - ST - ZIP TAMPA, FL 33606

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 3.1 TITLE SD ☒ Change ☐ Addition
 3.2 NAME BLANCHARD, G. ROBERT, JR
 3.3 STREET ADDRESS 1414 SWANN AVE., SUITE 201
 3.4 CITY - ST - ZIP TAMPA, FL 33606

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 4.1 TITLE TD ☒ Change ☐ Addition
 4.2 NAME HARRIS, MALCOLM C.
 4.3 STREET ADDRESS 1414 SWANN AVE., SUITE 201
 4.4 CITY - ST - ZIP TAMPA, FL 33606

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME 100002953531
 5.3 STREET ADDRESS -08/13/99--01105--010
 5.4 CITY - ST - ZIP *****61.25 *****61.25

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

 6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - 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, with all other like empowered.

SIGNATURE:

 M.C. Harris
 M.C. HARRIS

8/3/99

813 251 3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #