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 # V07750

1. Corporation Name

PEACH'S I, INC.

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90212 012 ***150.00



Principal Place of Business Mailing Address						, 3 . I 10011 GISELL BELLL LOUIS 1000 STATE STATE		(1) 8 (8() 8)801 (88)
3201 MANATEE BRADENTON FL		6400 MANATEE AVE W STE 119 BRADENTON FL 34209	STE 119		DO NOT WRITE IN THI	S SPACE		
US						3. Date Incorporated or Qualifed 01/17/1992		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		Applied For
21		26	26			65-0309801		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	⊢ '''			5. Certificate of Status Desired Status Desired Fee Required		
City & State		City & State	├ ¬ ′			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year I		
24	25 29 30		30	Toronto Topony		Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		ļ.,		10. Name and Address of New Registere	d Agent	
				81	Name			
VOGLER, EDWARD II				82 Street Add		ess (P.O. Box Number is Not Acceptable)		
802 11TH ST WEST								
BRA	DENTON FL 34205			83				1
				84	City	F	85 Zi	ip Code
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obli	te of Florida. Such change was	authorized	י עס כ	tne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing ointment as	its registered registered
SIGNATURE						d when reinstating) DATE		
	Signature, typed or printed name of registered a	30-1-0-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	E: Registered	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
12.		AND DIRECTORS	1.1 Ti	75		ADDITIONS/CHANGES TO OTT ICERO	Chang	
TITLE	PD MOUAE	LI DELETE						
NAME	LUCIANO, MICHAEL			. 1.2 NAME 1.3 STREET ADDRESS		·		,
STREET ADDRESS	1802 97TH ST NW		f -	1.4 CITY-ST-ZIP				
CITY-ST-ZIP				-214		Chang	ge Addition	
TITLE	ALD							
	NAME LUCIANO, KRISTA STREET ADDRESS 1802 97TH ST NW		2.2 NAME 2.3 STREET ADDRESS		ADDRESS	-		
DOADENTON EL			1	2.4 CITY-ST-ZIP				
CITY-ST-ZIP	BRADENTON FL	☐ DELETE	3.1 TI		1-217	, -	Chang	ge
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-S				
TITLE		DELETE	4.1 ∏				☐ Chang	ge
NAME	t e e e e e e e e e e e e e e e e e e e		4.21	LAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-S1	r-ZIP			
TITLE		DELETE	5.1 Ti				Chang	ge Addition
NAME			5.2 N	AME				
STREET ADDRESS			538	TREET	ADDRESS			ĺ
CITY-ST-ZIP			5.4 C	ΠY-S1	r-zip			
TITLE		☐ DELETÉ	6.1 T	TLE			☐ Chang	ge
NAME			6.2 N	AME				{
STREET ADDRESS			6.3 S	6.3 STREET ADDRESS				\

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 one an attactment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE

CER OR DIRECTOR

941-792-6515

Daytime Phone #