FILED

03-04-1999 90141 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999 🔏	DIVISION OF C	CORPORA	TIONS	03-04-1999 90141 0	35 ***150.0)0
	MENT # V077 5	51					
PEACH'S II, INC.							
	, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Principal Place	e of Business	Mailing Address			T INDER ORIGINA OBEST TORSE TROOPS OFFICE AT DIS	BIBEL BIBIL BEBLE BI	
5702 CORTEZ RD W 6400 MANATCE AVE W							
BRADENTON FL 34210 119					DO NOT WOITE IN THE	IS SDACE	
US		BRADENTON FL 34209			DO NOT WRITE IN THI	S SPACE	
		US			3. Date Incorporated or Qualifed 01/17/1992		Į
2 Descript D	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
<u> </u>	lace of business	26			65-0309803	<u></u>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	n, 010.	27			5. Certificate of Status Desired	Fee Red	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year I	ntangible	_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Cu	rrent Registered Agent		1 Name	10. Name and Address of New Registere	d Agent	
VOG	IED EDWADD II		ľ	Name			
Vogler, Edward II 802 11th St W				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34205				3			
D CAL	DENTION I E OTEGO		"	"			
			8	4 City	F	85 Zip C	Code
44 Dumunat	to the provinings of Sections 607	0502 and 607 1508 Florida Statut	es the ahr	ve-named corr	poration submits this statement for the nurnose	of changing its	registered
office or r	paintared agent or both in the St	rate of Florida Suich chande was a	HIDORIZAN P	w the comporati	ion's board of directors. I hereby accept the app	ointment as rec	gistered
}	m tamiliar with, and accept the of	oligations of, Section 607.0505, Flo	nua Statut	59.			
SIGNATURE	Signature, typed or printed name of registered	I agent and title if applicable. (NOTE	: Registered Ag	gent signature require	ed when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE	:		Change	☐ Addition
NAME	LUCIANO, MICHAEL		1.2 NAMI	E			Į.
STREET ADDRESS	1802 97TH ST NW		1.3 STRE	EET ADDRESS			l
CITY-ST-ZIP	BRADENTON FL		14 CITY				7 1 120
TITLE	VPD	☐ DELETE	2.1 TITLE	•		Change	Addition
NAME	LUCIANO, KRISTA		2.2 NAM	E	•		
STREET ADDRESS	1802 97TH ST NW		2.3 STRE	EET ADDRESS			` {
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY			Change	Addition
TITLE		☐ DELETE	3 1 TITLE			□ Onlange	
NAME			3.2 NAM	I			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE			☐ Change	Addition
TITLE			4. 2 NAM	i		_ ,	_
NAME				EET ADDRESS	•		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY	1			!
TITLE		☐ DELETE	5.1 TITUE			Change	Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	EET ADDRESS	·		ļ
CITY-ST-ZIP	,		5.4 CITY	-ST-ZIP	·		- 80
TITLE		☐ DELETÉ	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAM	E		•	
STREET ADDRESS			6.3 STRE	EET ADDRESS			

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 frustee 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.

64 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR