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94 AUG -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name PEDDLER PROPERTIES, INC.	DOCUMENT # V19803 (8)
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Mailing Address P.O. BOX 531081 ORLANDO FL 32803	Principal Place of Business P.O. BOX 331081 ORLANDO FL 32803
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If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 25 401 S SANFORD AVE 27 Suite, Apt. #, etc. 28 SANFORD, FL 29 Zip 30 32771 31 Country 32 SEMINOLE
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 07/16/1993
4. FCI Number 59-3117278	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Fund Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent BOXBERGER, FREDERICK J. 29 WEST VANDERBILT STREET ORLANDO FL 32804	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Required Agent Acquiring Appointment) (Not Required Agent Reappointment after termination)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 1994			
11 TITLE	D/N/T	11 NAME	BOXBERGER, FREDERICK J.	11 TITLE		11 NAME	
12 NAME		12 NAME		12 NAME		12 NAME	
13 STREET ADDRESS		13 STREET ADDRESS	303 E. HARWOOD ST 29 W. VANDERBILT ST	13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY, ST, ZIP		14 CITY, ST, ZIP	ORLANDO FL 32804	14 CITY, ST, ZIP		14 CITY, ST, ZIP	
21 TITLE	D/P	21 TITLE		21 TITLE		21 TITLE	
22 NAME		22 NAME	NOLES, JOHN C.	22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	401 S. SANFORD AVE	23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY, ST, ZIP		24 CITY, ST, ZIP	SANFORD FL 32771	24 CITY, ST, ZIP		24 CITY, ST, ZIP	
31 TITLE		31 TITLE		31 TITLE		31 TITLE	
32 NAME		32 NAME		32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY, ST, ZIP		34 CITY, ST, ZIP		34 CITY, ST, ZIP		34 CITY, ST, ZIP	
41 TITLE		41 TITLE		41 TITLE		41 TITLE	
42 NAME		42 NAME		42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY, ST, ZIP		44 CITY, ST, ZIP		44 CITY, ST, ZIP		44 CITY, ST, ZIP	
51 TITLE		51 TITLE		51 TITLE		51 TITLE	
52 NAME		52 NAME		52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP		54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE		61 TITLE		61 TITLE	
62 NAME		62 NAME		62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP		64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 199.03(2)(b) as the result that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning penalties imposed by Chapter 217, Florida Statutes, that I am my office or on date of this corporation on the reason on record empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears as Block 12 or Block 13 of this filing on an official record with an address.

SIGNATURE: *Fred Boxberger* **Fred Boxberger** 7-31-94 407-322-3912
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR