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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V38354

1. Corporation Name
OBY C. PEADEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4563 JERNIGAN RD MILTON FL 32571 US	4563 JERNIGAN RD MILTON FL 32571 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/21/1992

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3118824 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

CRAIN, JR. O
10555 GOODRANGE DR.
MILTON FL 32583-8202

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEADEN, OBY C.		1.2 NAME	
STREET ADDRESS	4563 JERNIGAN RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEADEN, LILLIE		2.2 NAME	
STREET ADDRESS	4563 JERNIGAN RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEADEN, KEVIN P.		3.2 NAME	
STREET ADDRESS	4416 COPPERWOOD PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PEADEN, MATTHEW B.		4.2 NAME	
STREET ADDRESS	4416 COPPERWOOD PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571		4.4 CITY-ST-ZIP	
TITLE	AST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	OBIE, CRAIN, JR		5.2 NAME	
STREET ADDRESS	10555 GOODRANGE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583-8202		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: ✓ Lillie Peaden 2-16-99 850-994-5917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #