

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 05, 1998 8:00 am  
Secretary of State

DOCUMENT # 173712 (1)  
1. Corporation Name  
PERRY GOLF AND COUNTRY CLUB INC THE



Principal Place of Business Mailing Address  
GOLF COURSE ROAD GOLF COURSE ROAD  
P.O. BOX 908 P.O. BOX 908  
PERRY FL 32347 PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1953

4. FEI Number

59-0777965

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GRANT, DONALD  
100 PINE TREE ROAD  
PERRY FL 32347

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	DYAL, PAUL	418 N. WASHINGTON	PERRY FL	<input type="checkbox"/>
VP	PELT, MARK	RTE 10 BOX 918	LAKE CITY FL	<input type="checkbox"/>
ST	TAYLOR, JOHN C.	311 N. WILDER ST.	PERRY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	TAYLOR, JOHN C.	311 N. WILDER ST.	PERRY, FL 32347	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	COLSON, GORDON F.	RTE 1 BOX 467	MAYO, FL 32066	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEC.	LINCOLN, DONALD D.	431 BOLE HILL DR.	PERRY, FL 32347	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TR	BAILETT, JAMES C.	257 US HWY 19 SOUTH	PERRY, FL 32347	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 as an attachment with an address.

SIGNATURE:

JOHN C. TAYLOR

Date

Daytime Phone #

0053583

CR2E034 (10/97)