FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #
1. Corporation Name

(1)

PERDUE-DEAN CO., INC.

Principal Place OCEAN RI 2 FISHING KEY LARG	EEF CLUB		OCEAN REEF CLUB 2 FISHING VILLAGE							
		THE SHOOT E GOOD		 Date Incorporated or Qualified 02/26/1959 	3a. Date of Last Report 04/12/1995					
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For	\dashv	
21		26			59-0869592 Not A			Not Applicable	٦	
Suite, Apt. #, etc.		Scilte, Apt. #, etc.	 -1			5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State		City & State 28	Oity & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zιρ	Country	Zip	30 Cou	Country		8. This corporation has liability for intangible tax under s. 199.032,			199.032,	٦
24	25 29 9. Name and Address of Current Registered Agent					Florida Statutes 🖫 Yes 🗌 No				
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New F	Registered A	gent		_]
PERDUE, OLIN E 15 SUNSET CAY KEY LARGO, FLORIDA 33037			82 83		Street Address (P.O. Box Number is Not Acceptable)					
				City		FL	85 Z	ip Code	-	
I OI TEGISTOI	to the provisions of Sections 607,050; led agent, or both, in the State of Flor th, and accept the obligations of, Sect	OF SHELL CORDOR WAS AUTOON	zed by the c	ve r	named corpor oration's boar	ation submits this statement for the pured of directors. I hereby accept the app		III. iging its egistered	registered office d agent. I am	;
SIGNATURE _	Signature, typed or conted han e of registered agen	Land the mappina or (N	CIE Beginned	Apr	Esignaturo neglecis	d yshen nerostatora	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO	DBS IN 12	- ļģ
TITLE	PD	DELETE	1.11:	TLE				Change	Addition	15
NAME			1.2 NA	ME						3
STREET ADDRESS	GOLF VILLAGE 24B		13.81	REFT	ADDRESS					Ė
CITY-ST-ZIP	KEY LARGO, FL 0		1 4 01	IY-S	I - 21P					CR2F034 (12/95)
THTLE	STDV	☐ DELÉTE	DELETE 2.1 TITL					Change	Addition	7₿
NAME	ELMORE, STEVEN		2 2 NA	ΝE						
		2.3.51	2.3 STREET ADDRESS							
C(TY - ST - ZiP	MIAMI FL		2.4 CI	Y-8	T - ZIP					
TITLE	DV	☐ DELETE	3 1 1	3 1 TITLE				Change	Addition	1
NAME	reda, kenneth w		3.2 NA	ME				-	_	1
			33 SI	3.3 STREET ADDRESS						
CITY-ST-ZIP	TAVERNIER FL		3,4 01	Y-S1	T - ZiP					
TITLE		☐ DELETE	4 1 Tı	r LE				Change	☐ Addition	

64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing it voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of the traver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 it applied, or on an attaching with an address.

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY - ST - ZIP

CiTY-S1-ZIP

ING OFFICER OR DIRECTOR

4.2 NAME

5 1 TITLE

5.2 NAME

& 1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHTY - \$1 - ZIP

44 CITY - ST - ZIP

Olin E. Perdue

4/22/96 305-367-2661

Change

Change

Add tion

☐ Addition