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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 253105

(1)

P & C OF PERRY, INC.

FILED Jul 15 1997 8:00am Secretary of State

5: : (5)		Administration of the second						. II
Principal Place of Business Mailing Address					1 144114 11801 61164 11161 11610 88101 6111			•.
2286 S.B. BUTLER PARKWAY		2296 S.B. BUTLER PARKWAY						
P.O. BOX 48	43	P.O. BOX 48 PERRY FL 32348-0048						
PERRY FL 323	47	PERMIT PL 32340-0040			3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1961 04/30/1996			
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied F	For
21		26			59-0975963		Not Appli	icable
Suite, Apt. #, etc.		Suite, Apt #, etc.			60 7E			nal
22		27			5. Certificate of Status Desired	× **	Fee Required	i
City & State		City & State			6. Election Campaign Financing	\$	5.00 May B	3e
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for in	tangible tax u	nder s. 199.0)32,
24	25	293	0			Yes 🔲 No		
	9. Name and Address of Curren	t Registered Agent		_ 	10. Name and Address of New Reg	istered Agent		
CLA	IRK, L.B., JR.		81	Name				
2286	8 S. B. BUTLER PARKWAY		82	Street Ad	ddress (P.O. Box Number is Not Acceptab	e)		
	RY ₄ FL,32347				and the state of t			
· ·			83					
			84	City		pm. 85	Zip Code	
	rd,			,		FL	· .	
agent tai	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida Such change was au ations of, Section 607.0505, Flori	, the above thorized by da Statutes	e-named or vithe corpo s.	orporation submits this statement for the p reation's board of directors. I hereby accep	urpose of chan t the appointm	ging its registe ent as registe	ered
SIGNATURE	Signature, typed or printed name of registered ago	int and title it applicable. (NOTE: I	Registered Age	nt signature re	quired when reinstatrig)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELFTE	1.1 TITLE			∐ 0	tiange L A	Addition
NAME	CLARK, L.B., JR.		1.2 NAME					1
STREET ADDRESS	2286 S. B BUTLER PKWY.		1.3 STREET	ADDRESS				ì
CITY-ST-ZIP	PERRY FL		1.4 CITY - S	T-2IP				
TITLE	VO.	☐ DELETE	21 TILLE			[] C	hange 🔲 A	Addition
NAME.	PARKER, J.H.		2.2 NAME					-
STREET ADDRESS	2286 S. B BUTLER PKWY.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	PERRY FL		2 4 CiTY-	ST-ZIP				
TITLE		☐ DELETE	31 TITLE			∐ C	hange A	Addition
NAME.			3.2 NAME	1)
STREET ADDRESS			3 3 STREET	ADDRESS				
CiTY-ST-ZIP		·	3.4. D(TY~	ST- ZIP		··· — ·		
TITLE		☐ DELETE	4.1 TITLE				hange LJA	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			4.4 CITY- S	IT - ZIP			 	
TISLE		DELETE	5.1 TITLE		والمال والمال والمعال والمال و	0 إير] قه المحدد وحدو وحدو	hange L A	Addition
NAME			5.2 NAME	1	10000223 -07/16/970100	1 1 1 1 1 1 1 1 1 1		
STREET ADDRESS			5.3 STREFT	ADDRESS	-U(/15/3(UIUL	14023		
CITY-ST-ZIP			5.4 CHY- 9	17-7IP	***558.75			
TITLE		DELETE	G.1 TITLE			□ 0	hange 🔲 A	Addition
NAME			6.2 NAME			1	ΔV_{i}	
STREET ADDRESS		•	6.3 STREET	ADDRESS		بر)	· 1/1 ~	<i>-</i>
CITY-ST-ZIP			6.4 CITY - S	1- Z IP			`	

14. I do 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 in prantity, or on an attackment with an address.

IGNATURE JOHN SULLAND CHAISIN TR 1/2/1/20 GOVERNOUS WILLIAM