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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 259805 1. Corporation Name

PERRY'S INC. OF DAYTONA

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90050 013 ***150.00



Principal Place of Business		Mailing Address					
2209 SOUTH ATLANTIC AVE		2209 SOUTH ATLANTIC AVE					
DAYTONA BEACH FL 32118-5319		DAYTONA BEACH FL 32118-5319		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
	3				06/01/1962		
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
— '	ace or business	26		59-0977227	<u> </u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.	75 Additional	
22	w, etc.	27		5. Certifcate of Status Desired	•	e Required	
City & State		City & State		6. Election Campaign Financing	\$5	.00 May Be	
23		28		Trust Fund Contribution		ded to Fees	
Zip Country		Zip Country		8. This corporation owes the current ye	ear Intangible		
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current				10. Name and Address of New Regis	ered Agent	
				Name			
MOTOLAW, IN			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
1301	RIVERPLACE BLVD	02		Sireel Addi	1855 (F.O. BOX Number 15 Not Acceptable)		
STE	1301		83				
JAX I	FL 32207	· ·					Zip Code
			84	City		FL 85	Zib Code
44. Removable the restrictions of Sections 607 0502 and 607 1508. Florida Statutes the shown pamed 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		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	VD	☐ DÉLETE	1.1 TITLE			[] Cha	ange
NAME	BAZEMORE,J L		1.2 NAME				
STREET ADDRESS	2209 SOUTH ATLANTIC AVE.	1	1.3 STREE	TADDRESS			Ĭ
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-S	T-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE			[] Cha	ange 🗌 Addition
NAME	BAZEMORE, YVONNE P		2.2 NAME				
STREET ADDRESS	2209 SOUTH ATLANTIC AVE.	1	2.3 STREE	T ADDRESS			ì
C/TY-ST-ZIP_	DAYTONA BEACH FL		2. 4 CITY-5	ST-ZIP			
TITLE	AT	☐ DELETE	3.1 TITLE			☐] Cha	ange
NAME	BUTLER, LYNN		3.2 NAME				
STREET ADDRESS	2209 SOUTH ATLANTIC AVE	i	3.3 STREE	T ADDRESS			}
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			Cha	ange
NAME	BUTLER, CHARLES		4. 2 NAME				į
STREET ADDRESS	2209 SOUTH ATLANTIC AVE.	1	4.3 STREE	T ADDRESS			1
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-S	T-ZIP			
TITLE	SD	☐ DELETE	5.1 TITLE			Cha	ange
NAME	WALKER, PAMELA		5.2 NAME				ì
STREET ADDRESS	2209 S. ATLANTIC AVE.	į	5.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY- S	T- ZIP	_		}
TITLE	VAS	☐ DELETE	6.1 TITLE			☐ Cha	ange
NAME	WALKER, JEFFREY		6.2 NAME				ļ
STREET ADDRESS	2209 S. ATLANTIC AVE.		6.3 STREE	T ADDRESS			ļ
C.INCLI ADDINESS	DAVITONA DEACH EL	1	64 CITY S	T. 710			

14. 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: 4