

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **315217** (0)

1. Corporation Name
PERRY MOTORS INC



Principal Place of Business: **3865 E. GULF TO LAKE HWY INVERNESS FL 32650**
Mailing Address: **3865 E. GULF TO LAKE HWY INVERNESS FL 34453 US**

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 23 | City & State | 27 | City & State |
| 24 | Zip | 28 | Zip |
| 25 | Country | 29 | Country |
| 30 | | 30 | |

| | | | |
|----|--|---|---------------------------------------|
| 3. | Date Incorporated or Qualified | 3a. | Date of Last Report |
| | 03/28/1967 | | 03/16/1995 |
| 4. | FBI Number | | Applied For |
| | 59-1164360 | | Not Applicable |
| 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**PERRY, FRED W
RT 2, BOX 1577
WILLISTON FL 32696**

| | | |
|----|--|-----------|
| 81 | Name | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | |
| 84 | City | |
| 85 | Zip Code | FL |

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
IN THE Presence of _____ (Notarially Registered Agent signature required when filing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRULL, MARK R | 1.2 NAME | |
| STREET ADDRESS | 3865 E. GULF TO LAKE HWY | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | INVERNESS FL | 1.4 CITY-STATE-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRULL, LOIS A. | 2.2 NAME | |
| STREET ADDRESS | 3865 E. GULF TO LAKE HWY | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | INVERNESS FL | 2.4 CITY-STATE-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, PATTI | 3.2 NAME | |
| STREET ADDRESS | 3865 E. GULF TO LAKE HWY | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | INVERNESS FL | 3.4 CITY-STATE-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRULL GEORGE R. | 4.2 NAME | |
| STREET ADDRESS | 3865 E. GULF TO LAKE HWY | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | INVERNESS FL | 4.4 CITY-STATE-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY FRED W. | 5.2 NAME | |
| STREET ADDRESS | RT 2, BOX 1577 | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | WILLISTON FL | 5.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is 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 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.

SIGNATURE: DATE: **2/27/96** 352,726 1968
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (12/95)