

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90001 045 ***550.00

DOCUMENT # 524465

1. Corporation Name
PERRI BUILDERS, INC.

Principal Place of Business
**4625 OLD WINTER GARDEN ROAD
ORLANDO FL 32811
US**

Mailing Address
**4625 OLD WINTER GARDEN ROAD
ORLANDO FL 32811
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1977

4. FEI Number

59-1709768

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 524 MISSION ROAD

Suite, Apt. #, etc.

22
City & State
ORLANDO, FL

23
Zip
32808

25
Country
USA

2a. Mailing Address

26 524 MISSION ROAD

Suite, Apt. #, etc.

27
City & State
ORLANDO, FL

29
Zip
32808

30
Country
USA

9. Name and Address of Current Registered Agent

**PERRI, JOSEPH C
8566 LANSMERE LANE
ORLANDO FL 32835**

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 **VP** ☐ DELETE
NAME **PERRI, JOSEPH C.**
STREET ADDRESS **8566 LANSMERE LANE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **P** ☐ DELETE
NAME **PERRI, LAURA E**
STREET ADDRESS **8566 LANSMERE LANE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **ST** ☐ DELETE
NAME **PERRI, VICKIE L**
STREET ADDRESS **4748 E MICHIGAN ST, #5**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **PERRI, JOSEPH C.**
1.3 STREET ADDRESS **8566 LANSMERE LANE**
1.4 CITY-ST-ZIP **ORLANDO, FL 32835**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **PERRI, LAURA E.**
2.3 STREET ADDRESS **8566 LANSMERE LANE**
2.4 CITY-ST-ZIP **ORLANDO, FL 32835**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **PERRI, VICKIE L.**
3.3 STREET ADDRESS **17998 S.E. C.R. 452**
3.4 CITY-ST-ZIP **UMATILLA, FL 32784**

4.1 TITLE **V** ☒ Change ☐ Addition
4.2 NAME **PERRI, STEVEN J.**
4.3 STREET ADDRESS **3200 OLD WINTER GARDEN RD. #1337**
4.4 CITY-ST-ZIP **OCOE, FL 34761**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

Vickie L. Perri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-99 (407) 292-2128
Date Daytime Phone #

CR2E034 (5/99)