

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 538702 (2)

1. Corporation Name

CECIL W. PERRY, INC.



Principal Place of Business

P.O. 1575
LONGWOOD FL 32750

Mailing Address

P.O. 1575
LONGWOOD FL 32750

2. Principal Place of Business

21 4237 GULFSTREAM BAY CT

Suite, Apt. #, etc.

22 City & State

23 ORLANDO FL

24 Zip 32822

25 Country USA

2a. Mailing Address

26 4237 GULFSTREAM BAY CT

Suite, Apt. #, etc.

27 City & State

28 ORLANDO FL

29 Zip 32822

30 Country USA

3. Date Incorporated or Qualified

07/06/1977

3a. Date of Last Report

06/12/1995

4. FEI Number

59-1756640

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERRY, CECIL W
1470 CONNORS LANE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name WALTER V. LETTERMAN
82 Street Address (P.O. Box Number is Not Acceptable) 4237 GULFSTREAM BAY COURT
83
84 City ORLANDO FL 85 Zip Code 32822-1827

11. Pursuant to the provisions of Sections 607.0507 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

Walter V. Letterman Walter V. Letterman

1/30/96

OFFICERS AND DIRECTORS

12. TITLE	P	NAME	PERRY, CECIL W.	DELETE	☒
STREET ADDRESS			1470 CONNORS LANE		
CITY, ST, ZIP			WINTER SPRINGS FL		
TITLE	S	NAME	PERRY, CHRISTINA	DELETE	☒
STREET ADDRESS			1470 CONNORS LANE		
CITY, ST, ZIP			WINTER SPRINGS FL		
TITLE		NAME		DELETE	☐
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		NAME		DELETE	☐
STREET ADDRESS					
CITY, ST, ZIP					
TITLE		NAME		DELETE	☐
STREET ADDRESS					
CITY, ST, ZIP					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE	P	NAME	WALTER V. LETTERMAN	Change	☐
2. NAME			4237 GULFSTREAM BAY CT.		
3. STREET ADDRESS			ORLANDO FL		
4. CITY, ST, ZIP					
5. TITLE	S	NAME	JOYCE E. LETTERMAN	Change	☐
6. NAME			4237 GULFSTREAM BAY CT.		
7. STREET ADDRESS			ORLANDO FL		
8. CITY, ST, ZIP					
9. TITLE		NAME		Change	☐
10. NAME					
11. STREET ADDRESS					
12. CITY, ST, ZIP					
13. TITLE		NAME		Change	☐
14. NAME					
15. STREET ADDRESS					
16. CITY, ST, 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 register 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 attached sheet with an address.

SIGNATURE:

JOYCE E. LETTERMAN 1/30/96 407 381-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)