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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 548433

(2)

| BERRY INTERNATIONAL DETECTIVE SERVICE, INC. | | | | | | | | | | |
|---|--|---|----------------|---------|---------------|---|---------------------------------------|-------------------|-------------|----------|
| Principal Plac | e of Business | Mailing Address | | | | | | .DI 1784 III | | |
| RT. 10 BOX 39 P.O. BOX 895 LAKE CITY FL | | RT. 10 BOX 390 P.O. BOX 895 LAKE CITY FL 32058-0895 | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified | 1 | ite of Last | Report | |
| 2. Principal P | Tace of Business | 2a. Mailing Address | | | | 09/29/1977 4. FEI Number | U4/a | 2 3/1996 _ | Applied For | - |
| 21 | | <i>}-</i> → | 26 | | | 59-1887354 | · · · · · · · · · · · · · · · · · · · | ot Applicable | , | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional | 1 |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | Fee F | Required | |
| City & State | | <u>├</u> | City & State | | | 6. Election Campaign Financing | | | May Be | |
| 23 Zip | Country | | Coi | untry | | Trust Fund Contribution | | | to Fees | \dashv |
| 24 25 | | 29 | 30 | | | 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes No | | | | |
| | 9. Name and Address of Currer | | | | | 10. Name and Address of New Re | stered / | Agent | | 1 |
| BER | RY, J.P. | | | 81 | Name | | | | | |
| | 10, BOX 390 | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | le) | | | 1 |
| LAKI | E CITY FL 32055 | | | 83 | | | | | | - |
| | | | | 63 | | • | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code | ٦ |
| agent La SiGNATURE | Stigenture Byund or prieted name of registered age | | | | | coration submits this statement for the p tion's board of directors. I hereby accep red when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE | | | |
| THE | P | ☐ D£LETE | 1.1 TI | ITLE | | | | ☐ Change | | 0/0/ |
| NAME | BERRY, JACKSON P SR | | 1.2 N | AME | | | | | | 2 |
| STREET ADDRESS | RT. 10 BOX 390 | | 1.3 S | TREET A | ADDRESS | | | | | CEPEOSA |
| CHY ST ZP | LK CITY, FL 00000 | | | IIY-ST | - ZIP | | | · | | _ § |
| 10116 | V MOVOOM O ID | ☐ DELETE | DELETE 2.1 TIT | | | | | Change | Addition | 1 |
| NAME STREET ADDRESS | BERRY, JACKSON P JR RT. 10 BOX 390 | | | | ADDRESS | | | | | |
| OHY-SI 7P | LK CITY, FL 00000 | | | OTY-SI | | | | | | |
| Title | ST | ☐ DELETE | 3.1 T | | | | | ☐ Change | Addition | 7 |
| NAME | BERRY, ALICE FAYE | | 3.2 N | AME | | | | | | |
| STREET ADDRESS | 1111 10 0011 000 | | 3.3 S | TREET | ADDRESS | | | | | |
| . <u>Coty</u> \$1-762 | LK CITY, FL 00000 | DELETE | | CITY-SI | T-ZIP | | | T Change | Addition | - |
| III.U NAME | V AND A LINETED | | 4.1 T | | 1 | | | L Change | Addition | |
| | SIKES, G. HUNTER RT. 10 BOX 390 | | | | ADDRESS | | | | | |
| 0114 - S1 - ZIP | LAKE CITY FL | | | ITY-ST | | | | | | ļ |
| THE | | DELETE | 511 | ITLE | | | | Change | Addition | 7 |
| NAMÉ | | | 5.2 N | AME | | | | | | ĺ |
| SPECT ADDRESS | | | 1 | | ADDRESS | | | | | |
| OFY-SE 7.2 | The state of the s | DELETE | 5.4 C 6 1 T | ITY-ST | - ZIP | | | Change | Addition | - |
| NAMI | } | C pricit | 6.2 N | | - | | | L_I Change | L_J AOURION | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CHY - S1 - 282 | | | 6.4 C | ITY-ST | - ZIP | | | | | |
| 14. I do herel | by certify that the information supplies | ed with this filing does not q | ualify for the | exer | nption stated | d in Section 119.07(3)(i), Florida Statute I my signature shall have the same lega | s. I further | certify tha | at the | , |
| 1 800 60 6 | officer or director of the corporation of the Block 12 or Block 13 if changed, c | r the receiver of trustee emi | powerea to e | exect | te this repo | rmy signature shall have the same lega rt as required by Chapter 607, Florida S | talutes; a | nd that my | name | |

SIGNATURE: C

FILED

Apr 03 1997 8:00am

Secretary of State