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Feb 12, 1999 8:00am
Secretary of State

02-12-1999 90026 010 ***150.00

PROFIT
CORPORATION*
ANNUAL REPORT
1999



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

DOCUMENT # 635156

1. Corporation Name
PERRY BUSH, INC.

Principal Place of Business
10330 AVON PARKCUT OF RD
FT MEADE FL 33841

Mailing Address
10330 AVON PARKCUT OF RD
FT MEADE FL 33841



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1979

4. FEI Number

59-1935903

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSH, PERRY
10330 AVON PARKCUT OF RD
FT MEADE FL 33841

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BUSH, PERRY
STREET ADDRESS 10330 AVON PARKCUT OF RD
CITY-ST-ZIP FT MEADE FL 33841

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BUSH, LUCY
STREET ADDRESS 10330 AVON PARKCUT OF RD
CITY-ST-ZIP FT MEADE FL 33841

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NEWBERRY, MARJORIE
STREET ADDRESS RT. 2, BOX 626A
CITY-ST-ZIP AVON PK FL 33825

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BARBAREE, BETTY
STREET ADDRESS 505 S. YOUNG AVE.
CITY-ST-ZIP AVON PARK FL 33825

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BUSH, HAROLD
STREET ADDRESS 10100 AVON PARK CUTOFF RD.
CITY-ST-ZIP FT. MEADE FL 33841

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

TITLE D ☐ DELETE
NAME CREWS, WINONA
STREET ADDRESS 3091 N. CAMBRIDGE RD.
CITY-ST-ZIP AVON PARK FL 33825

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, with all other like empowered.

SIGNATURE

Perry Bush

PERRY BUSH

1-29-99

(941)635-3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)