

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F06490 (9)**

1. Corporation Name  
**PER-MEL, INC.**



Principal Place of Business

**12701 US HIGHWAY 19  
BAYONET POINT FL 34667  
US**

Mailing Address

**12701 US HIGHWAY 19  
BAYONET POINT FL 34667  
US**

3. Date Incorporated or Qualified <b>11/24/1980</b>	3a. Date of Last Report <b>04/24/1995</b>
4. FEI Number <b>59-2071509</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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**9. Name and Address of Current Registered Agent**

**EDDY, ROBERT K  
ONE HARBOUR PL. 777 S. HARBOUR  
ISLAND BLVD., STE. 220  
TAMPA FL 33608**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>808 W. De Leon Street</b>
83. City	<b>Tampa</b>
84. State	<b>FL</b>
85. Zip Code	<b>33606</b>

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S EAVES, CAROL</b>	1.2 NAME	
STREET ADDRESS	<b>8248 TANGLEWOOD DRIVE</b>	1.3 STREET ADDRESS	<b>3624 Darston Street</b>
CITY - ST - ZIP	<b>NEW PT RICHEY FL</b>	1.4 CITY - ST - ZIP	<b>Palm Harbor FL 34685</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD EAVES, MEL</b>	2.2 NAME	
STREET ADDRESS	<b>8248 TANGLEWOOD DRIVE</b>	2.3 STREET ADDRESS	<b>12701 US Highway 19</b>
CITY - ST - ZIP	<b>NEW PT RICHEY FL</b>	2.4 CITY - ST - ZIP	<b>Bayonet Point FL 34667</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T RICHARDSON, DIANE</b>	3.2 NAME	
STREET ADDRESS	<b>7230 FOX HOLLOW DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT RICHEY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D EDDY, ROBERT K.</b>	4.2 NAME	
STREET ADDRESS	<b>833 SOUTH DAKOTA</b>	4.3 STREET ADDRESS	<b>808 W. De Leon Street</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	4.4 CITY - ST - ZIP	<b>Tampa FL 33606</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - 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 - ST - ZIP		6.4 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 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 in an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*per* 4/6/94 813-8635451

CR2E034 (12/95)