

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F40234			
1. Corporation Name PERICO ISLAND, INC.			
Principal Place of Business P.O. BOX 161 BRADENTON BEACH, FL 34217		Mailing Address SAME	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 ZIP Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 ZIP Country	
3. Date Incorporated or Qualified 06/10/1981		3a. Date of Last Report 04/29/96	
4. FEI Number 59-2137621		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 GLASGOW, MARGARET ANITA 869 WATERSIDE LANE BRADENTON, FL 34209		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	
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 NAME STREET ADDRESS CITY-STATE-ZIP PRESIDENT GLASGOW, MARGARET ANITA 869 WATERSIDE LANE BRADENTON, FL 34209		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
14. I do hereby certify that the information furnished with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		200002182982 -05/19/97--01060--034 ***173.75	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>5/8/97</i> Daytime Phone #: <i>941-795-4425</i>	

CR2E034 (3/96)