FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:30

DOCUMENT # F74010 (2)

1. Corporation Name
PERIGEE CORPORATION

Principal Place of Business	Mailing Address
303 N WILLOW ST PO BOX 23885 TAMPA FL 33623	P.O. BOX 23885 PO BOX 23885 TAMPA FL 33623-3885 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1982
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 59-2234796 ☐ 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

FLYNN, RANDAL W.
4525 ROSEMERE RD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: Randal W. Flynn
82 Street Address (P.O. Box Number is Not Acceptable): 301 N. Willow Ave.
83 Tampa, Fla. 33606
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: Randal W. Flynn 4-24-95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLYNN, WILLIAM R 4525 ROSEMERE RD TAMPA, FL 00000	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Void- Delete	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLYNN, BONNIE PR 4525 ROSEMERE RD TAMPA, FL 00000	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Void- Delete	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLYNN, RANDAL W 4525 ROSEMERE RD TAMPA, FL 00000	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PD Randal W. Flynn 301 N. Willow Ave. Tampa, Fla. 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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.

SIGNATURE: Randal W. Flynn 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443745 FP