1-20-98 G-0343 6

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # G28153 (6)

1. Corporation Name
PERMA-GUARD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
6790 118TH AVE. N. LARGO FL ~~34643~~ 33773	6790 118TH AVE. N. LARGO FL ~~34643~~ 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1983

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2270844	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip: 33773 / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

SEELEY, ROXANN D.
4300 DUHME RD.
MADEIRA BEACH FL 33708

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELAQUIL, PASCAL JR.		1.2 NAME		
STREET ADDRESS	6790 118TH AVE. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELAQUIL, MARK		2.2 NAME		
STREET ADDRESS	6790 118TH AVE. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DELAQUIL, GARY		3.2 NAME		
STREET ADDRESS	6790 118TH AVE., NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	4.1 TITLE	V	☐ Change ☑ Addition
NAME	PROVENZANO, EUGENE C.		4.2 NAME	JOSEPH P. MADDEN	
STREET ADDRESS	6790 118TH AVENUE, NORTH		4.3 STREET ADDRESS	6790 118 th Avenue, North	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	LARGO, FL 34643	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, S. SCOTT		5.2 NAME		
STREET ADDRESS	6790 118TH AVENUE NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DELAQUIF, ALICE		6.2 NAME		
STREET ADDRESS	6790 118TH AVENUE NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [illegible] REQUIRED 1/5/98 (813) 541-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404679