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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J42233

(3)

PEREAU ENTERPRISES, INC.

FILED						
m						
Secretary of State						

Principal Place of Business P.O. BOX 2039 MIDDLEBURG FL 32068		Mailing Address P.O. BOX 2039 MIDDLEBURG FL 32050-2039				
				3. Date Incorporated or Qualified 11/07/1986	3a. Date of Last Report 02/27/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2747104	Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desireo	Fee Required	
City & State		City & State	,	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	[25]	[29]	30	Tionou Clarato	Yes No	
	 Name and Address of Cur KLER, ALBERT H. 	Tent Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
5452 ARLINGTON EXPY JACKSONVILLE FL 32207			82 Street /	Address (P.O. Box Number is Not Accepta	ible)	
			84 City		FL 85 Zip Code	
office or agent. I a SIGNATURE	am familiar with, and accept the of Signature, typical or pointed name of registered	d agent and late if applicabile (N	Florida Statutes.		DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PTD VEITU	☐ DELETE	1 1 TITLE		Change	
NAME	PEREAU, KEITH 1278 LOVETT ROAD		1,2 NAMÉ			
STREET ADDRESS	ORANGE PARK FL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	VSD	DELETE	1,4 CDY-ST-ZiP 2 1 TITLE		Change Addition	
NAME	PEREAU, LYDIA	Dractic	2 2 NAME		The second secon	
STREET ADDRESS	4074 1 01 7777 7040		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL		2 4 CITY-S1-7IP			
TITLE	0.00000	DELETE	3.1 TOLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3,4 CITY-S1-7IP			
TITLE		DELETE	4,1 1/11.5		Change Addition	
NAME			4 2 NAVE			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4,4 City - \$1 - 21P			
TITLE		☐ DELETE	51 TITLE		Change Addition	
NAME	l .		5.2 NAME			

14. I do hereby certify that the information supplied with this Hing 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 logal 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.

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADORESS 5.4 CHY - ST - ZIP

CICNIATUDE.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

KEINS PEREN RESIDENT 4/2019

264-1322

Addition

Change