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

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L39346** **(6)**

1. Corporation Name
PERMABASE, INC.

Principal Place of Business	Mailing Address
P O BOX 7578 SUN CITY FL 33586	P O BOX 7578 SUN CITY FL 33586

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1989**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0168394** ☐ 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

CASEY, WILLIAM W.
1611 LIGHTFOOT ROAD
WIMAUMA FL 33598

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 (if changing Registered Agent, Registered Agent must sign) (if changing Registered Agent's address, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☒ Change ☐ Addition
2 NAME	~~SHAFER, ERIC~~	2 NAME	Delete
3 STREET ADDRESS	~~7892 S. LEEWYNN PLACE~~	3 STREET ADDRESS	
4 CITY ST ZIP	~~SARASOTA FL~~	4 CITY ST ZIP	
1 TITLE	DP	1 TITLE	☐ Change ☐ Addition
2 NAME	CASEY, WILLIAM W.	2 NAME	
3 STREET ADDRESS	1611 LIGHTFOOT ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	WIMAUMA FL	4 CITY ST ZIP	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
2 NAME	CASEY, LEANN	2 NAME	
3 STREET ADDRESS	1611 LIGHTFOOT ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	WIMAUMA FL	4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
7 STREET ADDRESS		7 STREET ADDRESS	
8 CITY ST ZIP		8 CITY ST ZIP	
9 TITLE		9 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 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)(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 above, or on an attachment with an address.

SIGNATURE: William W. Casey — William W. Casey — April 6, 1995 — 813 645-3068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441990 FP