

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006458

1. Corporation Name

PERMA SEAL LAMINATING AND OBITUARY SERVICES, INC

Principal Place of Business

5919 MERRILL RD.
JACKSONVILLE FL 32277
US

Mailing Address

5919 MERRILL RD.
JACKSONVILLE FL 32277
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

WALLER, EDDIE B
1336 CLEMENTS ROAD
JACKSONVILLE FL 32211

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1992

4. FEI Number

59-3148903

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 owes the current year Intangible
Personal Property Tax.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WALLER, EDDIE B.
STREET ADDRESS 1336 CLEMENTS ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VST ☐ DELETE

NAME WALLER, RUTH A.
STREET ADDRESS 1336 CLEMENTS ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

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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, with all other like empowered

SIGNATURE: *Eddie B. Waller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

Daytime Phone #

FILED

99 JUL 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0520417

CR2E034 (11/98)



Beth W. Patterson

CERTIFIED PUBLIC ACCOUNTANT

July 16, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Perma Seal Laminating and Obituary Services, Inc.
E.B. Waller Incorporated

Dear Madam, dear Sir:

Enclosed please find the corporate annual reports and checks for the above-referenced corporations. Mrs. Waller who is office manager and wife of the owner of these companies had a heart attack mid March of this year. I went into their offices on April 15th to deliver some work and saw the corporate reports on the desk. I showed the young woman who was helping during Mrs. Waller's absence what to do with the returns. Mr. Waller then signed the returns and the checks. It was entrusted to the young woman to put the items in the mail. When the check did not clear during May I was not too concerned; however, when the checks did not clear in June, I became concerned. I then asked Mrs. Waller (who went back to work in May) to please look for the reports. She located them hidden in a filing cabinet. Thus my letter requesting acceptance of the reports and checks as enclosed. Mrs. Waller's heart attack and subsequent hospitalization can be substantiated.

I trust you will find this in order. Should you have any questions, please do not hesitate to contact me.

With best regards,

Beth W. Patterson
Certified Public Accountant

Enclosures/as

cc: Mr. and Mrs. Waller via FAX

"Where CPA Means Close Personal Attention"

1304 GLENGARRY ROAD
JACKSONVILLE, FLORIDA 32207-1110

CPA @ SPIDERWARE.NET

PHONE/FAX: 904-396-0418

PAGER: 904-818-9481