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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000067507 (2) PERRY'S AUTOMOTIVE, INC. Principal Place of Business Mailing Address 641 NORTH SEMORAN BLVD. 641 NORTH SEMORAN BLVD. ORLANDO FL 32807 ORLANDO FL 32807-3345 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3205109 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Ye"s Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PERRY, JAMES N JR 641 NORTH SEMORÁN BLVD. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 в3 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) (96/6) DELETE Change TITLE Addition 1.1 THEE NAME PERRY, JAMES N JR 1.2 NAME 10722 BUCK RD STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 1,4 ICHY - \$1 - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-\$1-7IP DELETE TITLE 31 THUE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. DITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STHELT ADDRESS CITY-ST-ZIP 4.4 OITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST- Z(P DELETE Change ☐ Addition TITLE 6.1 111¢E 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CRY-ST-ZIP 14. I do 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 eath; 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

SIGNATURE:

and Ween Pers

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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May 08 1997 8:00am

Secretary of State