# 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 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092163 (2)**

1. Corporation Name

**PERICO ROADWAYS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 601 BAYSHORE BLVD.<br>SUITE 650<br>TAMPA FL 33606 | 601 BAYSHORE BLVD.<br>SUITE 650<br>TAMPA FL 33606 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report:

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: 59-3291361 ☐ 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

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

EDWARDS, JOSEPH D
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

**10. Name and Address of New Registered Agent**

81 Name: CHARLES B. FUNK
82 Street Address (P.O. Box Number is Not Acceptable): 924 GOLFVIEW CIR
83
84 City: TAMPA FL 85 Zip Code: 33629

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: _____ CHARLES B. FUNK 4/28/95
Signature of new registered agent (if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | D, V, S | ☒ Change ☐ Addition |
| NAME | FUNK, CHARLES B | 12 NAME | CHARLES B. FUNK | |
| STREET ADDRESS | 601 BAYSHORE BLVD., STE. 650 | 13 STREET ADDRESS | 924 GOLFVIEW CIR | |
| CITY-ST-ZIP | TAMPA FL 33606 | 14 CITY-ST-ZIP | TAMPA FL 33629 | |
| TITLE | D | 21 TITLE | D, P | ☒ Change ☐ Addition |
| NAME | MEEHAN, JEFFREY B | 22 NAME | } SAME | |
| STREET ADDRESS | 980 LINCOLN CIRCLE | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | D, V, T | ☐ Change ☒ Addition |
| NAME | | 32 NAME | ELIZABETH A. COLEMAN | |
| STREET ADDRESS | | 33 STREET ADDRESS | 5370 GULF OF MEXICO DRIVE | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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 if changed, or on an attachment with an address.

**SIGNATURE:** _____ CHARLES B. FUNK 5/1/95 813-251-1221
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002520 FP