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 # P94000092163

 Corporation Name PERICO ROADWAYS, INC.

Principal Place of Business
DI BAYSHORE BLVD.
UITE 650
AMDA EL SSEGE

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90099 008 ***150.00



-iiI Dt						1 (88)/884) 18 (8/14 8/8)/ 88/14 88/14 88/14 88/14 88/14			
	ce of Business	Mailing Address				r roaniann ind idnir didnir diditi diditi dibiti Adit	# 1#14# H###	11 310 E1106 1111 (831	
1 BAYSHORE BLVD. 601 BAYSHORE BLVD.									
IITE 650 MPA FL 331	ene	SUITE 650							
MPA FL 33606 TAMPA FL 33606						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
Principal f	Place of Business	2a. Mailing Address				12/21/1994			
		26				4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3291361		Not Applicable	
		27				5. Certificate of Status Desired \$8.75 Additional			
City & State		City & State				Fee Required			
•		<u> </u>				6. Election Campaign, Financing)0 May Be	
Zip Country		Zip Country				Trust Fund Contribution Added to Fees			
	25	— — —	_	иу		8. This corporation owes the current year In		_	
	9. Name and Address of Current		<u>'</u>			Personal Property Tax.	☐Yes	□No	
	o, and the control of	Trogistered Agent		31 Nar		10. Name and Address of New Registered	Agent		
FUN	ik, Charles B]]	1					
924	GOLFVIEW CIR.		8	32 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)	-		
TAMPA FL 33629				33					
			L	,,					
			8	4 City	1	FI	85 Zi	p Code	
Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-nam	ed como		<u>• </u>	·	
office or r agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was authors of, Section 607,0505, Florida	orized b	y the co	rporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	ntment as	registered	
GNATURE									
	Signature, typed or printed name of registered agent		istered Ag	jeni signati.	re required	when reinstating) DATE			
	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12	
E ,	VSD	☐ DELETÉ	1.1 TITLE				☐ Chang		
E	FUNK, CHARLES B		1.2 NAME	Ē					
EET ADORESS	924 GOLFVIEW CIR.		1.3 STRE	ET ADDRE	ss				
-ST-ZIP	TAMPA FL		1.4 CITY-	ST-ZIP					
E	DP	☐ DELETE	2.1 TITLE				Change	e Addition	
E	MEEHAN, JEFFREY B		2.2 NAME					_	
EET ADDRESS	4839 GIVENS COURT		2.3 STREE	ET ADDRES	ss	•			
- ST- ZIP	SARASOTA FL		2. 4 CITY-		~ .	•			
· [DVT	DEL 0.00	3.1 TITLE		+		Change	Addition	
E	COLEMAN, ELIZABETH A		3.2 NAME				Change	Addition	
ET ADDRESS	5370 GULF OF MEXICO DRIVE			ET ADDRES				1	
·ST-ZIP	LONGBOAT KEY FL				2				
		C DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP	-				
.					1	,	☐ Change	Addition	
ET ADDRESS			4. 2 NAME					Í	
ST-ZIP				TADORES	s				
01-211			4.4 CITY-S	ST-ZIP					
			5.1 TITLE		ł	*	☐ Change	Addition	
ET ADDRESS		i	5.2 NAME		.	· · · · · · · · · · · · · · · · · · ·			
				TADORES	5			F	
ST-ZIP			5.4 CITY-S	ST-ZIP	<u> </u>			ļ	
		_	3.1 TITLE				Change	☐ Addition	
		6	.2 NAME			•		ſ	
ET ADDRESS		6	3 STREE	TADORES	3				
ST-ZIP			4 CITY-S	T-ZIP				1	

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 of 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, of or ap attackment with an address with all other like empowered.

IGNATURE:

813-251-1221