FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000017621 (0)**

1. Corporation Name

PERRET-VAN LARE AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3928 CHESTWOOD AVE. JACKSONVILLE FL 32277	3928 CHESTWOOD AVE. JACKSONVILLE FL 32277

3. Date Incorporated or Qualified: 03/03/1995

3a. Date of Last Report: N/A

2. Principal Place of Business
21 1710 Shadowood Lane
Suite, Apt. #, etc.
22 Suite 240
City & State
23 Jacksonville, Florida
Zip 24 32207 Country 25 U.S.

2a. Mailing Address
26 1710 Shadowood Lane
Suite, Apt. #, etc.
27 Suite 240
City & State
28 Jacksonville, Florida
Zip 29 32207 Country 30 U.S.

4. FEI Number: 59-3307004 ☐ 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

SANTORO, THOMAS C
1700 WELLS RD., SUITE 5
ORANGE PARK FL 32073

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Addition
NAME	PERRET, NATHAN E		1.2 NAME	
STREET ADDRESS	3928 CHESTWOOD AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PERRET, LYNETTE .		2.2 NAME	
STREET ADDRESS	3928 CHESTWOOD AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VAN LARE, G. KEITH		3.2 NAME	
STREET ADDRESS	RT. 2 BOX 518		3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Lynette L. Perret 5-14-96 904-398-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone