

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029218 (1)

1. Corporation Name

PERROS GRANDE, INC.



Principal Place of Business

455 INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640

Mailing Address

455 INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR
10225 ULMERTON RD
SUITE 2
LARGO FL 34641

3. Date Incorporated or Qualified

04/13/1995

3a. Date of Last Report

4. FEI Number

59-331-7854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

William G. Buckles

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

455 N. Indian Rocks Rd.

83.

84. City

Belleair Bluffs

FL

85. Zip Code
34640

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

[Signature]
Signature of person or printed name of registered agent and to whom it applies.

(NOTE: Registered Agent signature required when submitting this statement.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	ARSENAULT, KENNETH G JR	
STREET ADDRESS	10225 ULMERTON RD SUITE 2	
CITY-ST-ZIP	LARGO FL 34641	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	William G. Buckles	☐ Change ☒ Addition
1.2 NAME	455 N. Indian Rocks Rd.	
1.3 STREET ADDRESS	Belleair Bluffs, FL 34640	
1.4 CITY-ST-ZIP		
2.1 TITLE	David M. Veltman	☐ Change ☒ Addition
2.2 NAME	455 N. Indian Rocks Rd.	
2.3 STREET ADDRESS	Belleair Bluffs, FL 34640	
2.4 CITY-ST-ZIP		
3.1 TITLE	Greg D. Veltman	☐ Change ☒ Addition
3.2 NAME	455 N. Indian Rocks Rd.	
3.3 STREET ADDRESS	Belleair Bluffs, FL 34640	
3.4 CITY-ST-ZIP		
4.1 TITLE	Timothy L. Landt	☐ Change ☒ Addition
4.2 NAME	455 N. Indian Rocks Rd.	
4.3 STREET ADDRESS	Belleair Bluffs, FL 34640	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-95

Date

813/585-6333

Daytime Phone

CRZE034 (12/95)