

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 # P95000048619 (7)

1. Corporation Name

CORPORATE STYLE, INC.



Principal Place of Business

1213 RIVER STREETNUE  
BLOUNTSTOWN FL 32424

Mailing Address

1213 RIVER STREETNUE  
BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified  
06/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 1213 River Street

2a. Mailing Address

26 1213 River Street

4. FEI Number

59-3326733

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRIGO, JULIANN M  
66 RUE CARIBE  
DESTIN FL 32541

81 Name

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

175 Gulf Highlands Blvd

83

84 City

Panama City Beach

FL

85 Zip Code

32407

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

*Juliann M. Perrigo*

JULIANN M. PERRIGO, PRESIDENT

4/11/96

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PERRIGO, JULIANN M  
STREET ADDRESS 813 INGLESIDE AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

TITLE D  
NAME TALKINGTON, WADE B  
STREET ADDRESS 813 INGLESIDE AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

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 D  
1.2 NAME PERRIGO, JULIANN M. ☒ Change ☐ Addition  
1.3 STREET ADDRESS 175 GULF HIGHLANDS BLVD.  
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

2.1 TITLE D  
2.2 NAME TALKINGTON, WADE B. ☒ Change ☐ Addition  
2.3 STREET ADDRESS 175 GULF HIGHLANDS BLVD.  
2.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS

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:

*Juliann M. Perrigo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

Date

904 230 0697

Daytime Phone #

CR2E034 (12/95)