

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000048619 (7)

1. Corporation Name
CORPORATE STYLE, INC.

Principal Place of Business

1213 RIVER ST
BLOUNTSTOWN FL 32424
US

Mailing Address

1213 RIVER ST
BLOUNTSTOWN FL 32424
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1995

4. FEI Number

59-3326733

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 213 HARRISON AVE

Suite, Apt. #, etc.

22

City & State

23 PANAMA CITY FL

Zip

32401

Country

24

2a. Mailing Address

26 213 HARRISON AVE

Suite, Apt. #, etc.

27

City & State

28 PANAMA CITY FL

Zip

32401

Country

29

30

9. Name and Address of Current Registered Agent

PERRIGO, JULIANN M
175 GULF HIGHLANDS BLVD
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name PERRIGO, JULIANN M
82 Street Address (P.O. Box Number is Not Acceptable)
213 HARRISON AVE
83
84 City PANAMA CITY FL 85 Zip Code 32401

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PERRIGO, JULIANN M
STREET ADDRESS 175 GULF HIGHLANDS BLVD
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☒ DELETE

NAME TALKINGTON, WADE B
STREET ADDRESS 175 GULF HIGHLANDS BLVD
CITY-ST-ZIP PANAMA CITY FL

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 DIRECTOR ☒ Change ☐ Addition

1.2 NAME PERRIGO, JULIANN M
1.3 STREET ADDRESS 213 HARRISON AVE
1.4 CITY-ST-ZIP PANAMA CITY, FL 32401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME TALKINGTON, WADE B ☒ Delete
2.3 STREET ADDRESS 213 HARRISON AVE
2.4 CITY-ST-ZIP PANAMA CITY, FL 32401

3.1 TITLE DIRECTOR ☐ Change ☒ Addition

3.2 NAME IDA P. TWING
3.3 STREET ADDRESS 213 HARRISON AVE
3.4 CITY-ST-ZIP PANAMA CITY, FL 32401

4.1 TITLE DIRECTOR ☐ Change ☒ Addition

4.2 NAME BEVERLY T. SULLIVAN
4.3 STREET ADDRESS 213 HARRISON AVE
4.4 CITY-ST-ZIP PANAMA CITY, FL 32401

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ~~SHARON M. COVINO~~
5.3 STREET ADDRESS ~~213 HARRISON AVE~~
5.4 CITY-ST-ZIP ~~PANAMA CITY, FL 32401~~

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

Juliann M Perrigo 4/23/98

BSO 784
0144