

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 13, 1998 8:00 am  
Secretary of State

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

24 32401

Country

25

2a. Mailing Address

26 213 HARRISON AVE

Suite, Apt. #, etc.

27

City & State

28 PANAMA CITY FL

Zip

29 32401

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D PERRIGO, JULIANN M

STREET ADDRESS 175 GULF HIGHLANDS BLVD

CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE

NAME D 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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PERRIGO, JULIANN M  
213 HARRISON AVE  
PANAMA CITY, FL 32401

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TALKINGTON, WADE B  
213 HARRISON AVE  
PANAMA CITY, FL 32401

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0057346

Juliann M Perrigo 4/28/98 850 784 0144

CR2E034 (10/97)