

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90091 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077903

1. Corporation Name
PERICH STUDIOS, INC.



Principal Place of Business

7234 ASHMORE DR.
NEW PORT RICHEY FL 34653
US

Mailing Address

7234 ASHMORE DR.
NEW PORT RICHEY FL 34653
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

59-3339269

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 8102 W KNIGHTS GRIFFIN RD

Suite, Apt. #, etc.

22 City & State
PLANT CITY FL

23 Zip
33565

Country

25 USA

2a. Mailing Address

27 8102 W KNIGHTS GRIFFIN RD

Suite, Apt. #, etc.

28 City & State
PLANT CITY FL

29 Zip
33565

Country

30 USA

9. Name and Address of Current Registered Agent

PERICH, DAVID
7234 ASHMORE DR.
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

PERICH, DAVID

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

8102 W KNIGHTS GRIFFIN RD

83

84 City

PLANT CITY

FL

85 Zip Code

33565

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

3-27-99

12. OFFICERS AND DIRECTORS

TITLE PDTS ☐ DELETE
NAME PERICH, DAVID
STREET ADDRESS 7234 ASHMORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8102 W KNIGHTS GRIFFIN RD
1.4 CITY-ST-ZIP PLANT CITY FL 33565

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-99 813-986-0276