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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000015807**1. Corporation Name

PERRY & LEIGHTY, INC.

Principal Place of Business 1220 S WICKHAM ROAD MELBOURNE FL 32904

Mailing Address

1220 S WICKHAM ROAD MELBOURNE FL 32904

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90124 047 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 02/15/1996			
		On Mariling Address			4. FEI Number			pplied For
 1	ace of Business	2a. Mailing Address			59-3395732			lot Applicable
21	W -4-	Suite, Apt. #, etc.	.				\$8.75	Additional
Suite, Apt. #	≠, etc.	27			5. Certifcate of Status Desired		Fee F	Required
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
	•	28			Trust Fund Contribution		Added	I to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Inta	ngible	
					Personal Property Tax.		☐ Yes	□No
24	9. Name and Address of Currer	20	<u> </u>		10. Name and Address of New R	Registered A	gent	
	J. Hallie dita ridarece et estite.		81	Name				
LEIGHTY, DALE T				Charact Add	tone (D.O. Boy Number is Not Accents	hle\		
1220 S WICKHAM ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE FL 32904								
1716-4-1	500,1,12 1 2 0200 1							
			84	City		FL	85 Zip	Code
			45	a named as-	poration submits this statement for the	numose of o	changing i	ts registered
					poration submits this statement for the on's board of directors. I hereby accept	t the appoin	tment as	registered
office of fi	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes					
CICNIATURE						DATE		
SIGNATURE	Signature, typed or printed name of registered age			nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO GE	I IOLINO AITI	Change	e
TITLE	D	☐ DELETE	1,1 TITLE					_
NAME	LEIGHTY, DALE T		1.2 NAME					•
STREET ADDRESS	6660 FLAMINGO ROAD		1.3 STREE	TADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32904		1.4 CITY-9	IT-ZIP		~		- FT Addition
TITLE	D	☐ DELETE	2.1 TITLE	.			Change	e 🔲 Addition
NAME	PERRY, DILLARD R		2.2 NAME	1				
STREET ADDRESS	8371 SYLVAN DRIVE		2.3 STREE	T ADDRESS	-	-		
CITY-ST-ZIP	MELBOURNE FL 32904		2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				☐ Chang	e 🗌 Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
!			3.4. CITY-	1				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE				Chang	e 🔲 Additio
		_	4, 2 NAME					
NAME				T ADDRESS				
STREET ADDRESS			4.4 CITY-	i				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	71 EII			☐ Chang	je Additio
TITLE			5.2 NAME					
NAME				ET ADDRESS				
STREET ADDRESS			5.4 CITY-	1				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Chang	je 🔲 Additio
TITLE			6.2 NAME					_
NAME								
STREET ADDRESS				ET ADDRESS				
1	I		6.4 CITY-	ST-ZIP į				

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.

DALE LEIGHTY PRES