

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Jul 16 1998 8:00am  
Secretary of State

DOCUMENT # **P96000034718 (2)**

1. Corporation Name

**PERRY SYLVESTER FERNERIES, INC.**



Principal Place of Business

**839 SPRING GARDEN RANCH ROAD BOX 142  
DELEON SPRINGS FL 32130**

Mailing Address

**839 SPRING GARDEN RANCH ROAD BOX 142  
DELEON SPRINGS FL 32130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/01/1996**

4. FEI Number

**59-3360104**

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** Suite, Apt. #, etc.

**22** City & State

**23** Zip **24** Country **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**SYLVESTER, PERRY  
839 SPRING GARDEN RANCH ROAD BOX 142  
DELEON SPRINGS FL 32130**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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 **PD** ☐ DELETE  
NAME **SYLVESTER, PERRY**  
STREET ADDRESS **1701 WEST EUCLID AVENUE**  
CITY-ST-ZIP **DELAND FL 32720**

TITLE **VD** ☐ DELETE  
NAME **SYLVESTER, CAROL**  
STREET ADDRESS **1701 WEST EUCLID AVENUE**  
CITY-ST-ZIP **DELAND FL 32720**

TITLE **SD** ☐ DELETE  
NAME **MITCHELL, CRYSTAL**  
STREET ADDRESS **1755 SHAW LAKE ROAD**  
CITY-ST-ZIP **PIERSON FL 32180**

TITLE **TD** ☐ DELETE  
NAME **SYLVESTER, SCOTT**  
STREET ADDRESS **415 PERRY LANE**  
CITY-ST-ZIP **LAKE HELEN FL 32744**

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

1.4 CITY-ST-ZIP

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.

CR2E034 (5/98)