

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90226 018 \*\*\*150.00

DOCUMENT # P96000034718

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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 SD  
2.3 STREET ADDRESS SYLVESTER, CAROL  
2.4 CITY-ST-ZIP 1701 WEST EUCLID AVENUE  
DELAND, FL 32720

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TD  
3.3 STREET ADDRESS MITCHELL, CRYSTAL  
3.4 CITY-ST-ZIP P.O. BOX 526  
DELEON SPRINGS, FL 32130

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VD  
4.3 STREET ADDRESS SYLVESTER, SCOTT  
4.4 CITY-ST-ZIP 415 PERRY LANE  
LAKE HELEN, FL 32744

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 #

CR2E034 (11/98)