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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P96000087113 (2)**

1. Corporation Name  
**PERRY INDUSTRIES, INC.**

Principal Place of Business  
**2 SOUTH ORANGE AVE.  
ORLANDO FL 32801**

Mailing Address  
**2 SOUTH ORANGE AVE.  
ORLANDO FL 32801-2606**



3. Date Incorporated or Qualified <b>10/22/1996</b>	3a. Date of Last Report <b>10/22/1996</b>
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>215 S. Monroe Street</b>	26 <b>P.O. Box 10095</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Second Floor</b>	27
City & State	City & State
23 <b>Tallahassee, FL</b>	28 <b>Tallahassee, FL</b>
Zip	Zip
24 <b>32302</b>	29 <b>32302</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**BROCKMAN, CHRISTOPHER C  
2 SOUTH ORANGE AVE.  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **Cathi C. Wilkinson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**215 S. Monroe Street, Second Floor**  
83  
84 City **Tallahassee** FL 85 **32302**

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

*Cathi C. Wilkinson*

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

**2/27/97**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, JEFFREY M</b>	1.2 NAME	<b>Cathi C. Wilkinson</b>
STREET ADDRESS	<b>POST OFFICE BOX 12429</b>	1.3 STREET ADDRESS	<b>215 S. Monroe Street, Second Floor</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32317</b>	1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32302</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

*Cathi C. Wilkinson*

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/96)