

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

215 S. MONROE STREET
SECOND FLOOR
TALLAHASSEE FL 32302

Mailing Address

215 S. MONROE STREET
SECOND FLOOR
TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

APPLIED FOR 59-3415342

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

2a. Mailing Address

21 1211 N CENTER ST

26 1211 N CENTER ST

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

23 PERRY FL

28 PERRY FL

Zip

Country

Zip

Country

24 32347

25 USA

29 32347

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKINSON, CATHI C
215 S. MONROE STREET
SECOND FLOOR
TALLAHASSEE FL 32302

81 Name

JOEL K SHUGAR MD

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

1211 N. CENTER ST

83

84 City

PERRY

FL

85 Zip Code

32347

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILKINSON, CATHI
STREET ADDRESS 215 S. MONROE STREET, SECOND FLOOR
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME JOEL K SHUGAR MD
1.3 STREET ADDRESS 1211 N. CENTER ST
1.4 CITY-ST-ZIP PERRY FL 32347

2.1 TITLE Vice President / Secretary
2.2 NAME MICHAEL SHUGAR
2.3 STREET ADDRESS 1211 N. CENTER ST
2.4 CITY-ST-ZIP PERRY FL 32347

3.1 TITLE TREASURER
3.2 NAME DAVID J MATTHEW
3.3 STREET ADDRESS 1211 N. CENTER ST
3.4 CITY-ST-ZIP PERRY FL 32347

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE:

[Signature]

2/12/98

857-554-6088

CP2E034 (10/97)