

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90041 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000089019

1. Corporation Name
PERKY'S OF POLK COUNTY, INC.

Principal Place of Business
90 DELAND AVE
INDIAN LAKE ESTATES FL 33855
US

Mailing Address
POST OFFICE BOX 7334
INDIAN LAKE ESTATES FL 33855



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1996

4. FEI Number

59-3407484

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

25

2a. Mailing Address

26

POST OFFICE BOX 7334

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

JONES, ALLEN E
64 LIMONIA DRIVE
INDIAN LAKE ESTATES FL 33855

10. Name and Address of New Registered Agent

81 Name

KENNETH ALVAREZ

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

90 DELAND AVENUE

83 City

INDIAN LAKE ESTATES

84 State

FL

85 Zip Code

33855

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D.	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ALLEN E	
STREET ADDRESS	64 LIMONIA DR	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL	
TITLE	D.	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ANN MARIE	
STREET ADDRESS	64 LIMONIA DR	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALVAREZ, KENNETH	
1.3 STREET ADDRESS	90 DELAND AVENUE	
1.4 CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
2.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALVAREZ, KIMBERLY	
2.3 STREET ADDRESS	90 DELAND AVENUE	
2.4 CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
3.1 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALVAREZ, KENNETH	
3.3 STREET ADDRESS	90 DELAND AVENUE	
3.4 CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
4.1 TITLE	VP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALVAREZ, KIMBERLY	
4.3 STREET ADDRESS	90 DELAND AVENUE	
4.4 CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

Date

941-293-1796

Daytime Phone #

CR2E034 (11/98)