

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

FILED  
Jun 19 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 # P97000008729 (0)

1. Corporation Name  
PEREZ CONTRACTING, INC.



Principal Place of Business

P.O. BOX 70  
CLEWISTON FL 33440

Mailing Address

P.O. BOX 70  
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

65-0806965

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

9. Name and Address of Current Registered Agent

MCGAHEE, MELANIE A  
417 WEST SUGERLAND HIGHWAY  
CLEWISTON FL 33440

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 (not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 0  
NAME MICKLER, ELENA PEREZ  
STREET ADDRESS P.O. BOX 70  
CITY-ST-ZIP CLEWISTON FL 33440

☐ DELETE

TITLE 0  
NAME MICKLER, ALVA J JR.  
STREET ADDRESS P.O. BOX 70  
CITY-ST-ZIP CLEWISTON FL 33440

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☒ Change ☐ Addition

1.2 NAME MICKLER, ELENA P.

1.3 STREET ADDRESS P O BOX 70 N/A

1.4 CITY-ST-ZIP CLEWISTON, FL. 33440

2.1 TITLE V/D ☒ Change ☐ Addition

2.2 NAME MICKLER, ALVA J. JR.

2.3 STREET ADDRESS P O BOX 70 N/A

2.4 CITY-ST-ZIP CLEWISTON, FL. 33440

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME MICKLER, ALVA J. SR.

3.3 STREET ADDRESS P O BOX 70 N/A

3.4 CITY-ST-ZIP CLEWISTON, FL. 33440

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

200002567522

-06/22/98-01044-008

\*\*\*300.00

6.19

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.