## **FILED** FILE NOW: FILING FEE AFTER MAY 18 T IS \$550.00 Jan 28 1998 8:00am **PROFIT** FLORIDA I DEPARTMENT OF STATE CORPORATION dra B. Mortham Secretary of State ANNUAL REPORT cretary of State DIVISION OF CORPORATIONS 1998 P97000078948 **DOCUMENT #** M. E. PERRET, INC. Principal Place of Business Mailing Address 6823 FRYIN ACAD CALLAHAN FE 3201 DO NOT WRITE IN THIS SPACE 8. Date incorporated or Qualified 09/10/1997 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3469714 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 30 24 25 29 Personal Properly Tax due June 30. ☐ Yes ☐ No Name and Address of Current Registered Agent 9. Name and A. POOLE, WESLEY R 10. Name and Address of New Registered Agent 81 Name **303 CENTRE STREET** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 FERNANDINA BEACH FL 32034 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE E Registered Agent signety e required when reinstitting) Signature, typed or printed name of registered againt and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE TITLE 1.1 TITLE Change Addition PERETT, M E NAME 1.2 NAME 6823 IRVIN ROAD STREET ADDRESS 1.3 STREET ADDRESS **CALLAHAN FL 32011** CITY-ST-ZIP 1.4 City - St- Zip TITLE \_\_ DELET 2.1 TITLE Change Addition PERETT, MARY SANDRA NAME 2.2 NAME 6823 IRVIN ROAD STREET ADDRESS 2.3 STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP 2. 4 CITY - ST - ZIP \_ DELETE TITLE 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TIME 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CTY - \$1 - ZIP

1.11-80

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 Block 12 or Block 13 if changed, or on an attachment with an address.

Michael