

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mozhem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000092302 (3)

1. Corporation Name

PERIMETER MANAGEMENT CORPORATION

Principal Place of Business

415 NW 1ST AVENUE
OCALA FL 34475

Mailing Address

415 NW 1ST AVENUE
OCALA FL 34475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 P.O. Box 770668		26 P.O. Box 770668		10/27/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3470749	
City, State		City, State		Applied For	
23 Ocala, FL		28 Ocala, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34477		29 34477		30 US	
Country		Country		8. Election Campaign Financing	
25 US		30 US		Trust Fund Contribution	
				9. Additional Fee Required	
				\$8.75	
				May Be Added to Fees	
				\$5.00	
				This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				10. Yes 11. No	

9. Name and Address of Current Registered Agent

COLLINS, LARRY
415 NW 1ST AVENUE
OCALA FL 34475

change
→

10. Name and Address of New Registered Agent

81 Name	DOROTHY G. LEE		
82 Street Address (P.O. Box Number is Not Applicable)	1301 S.W. 37th Ave		
83			
84 City	Ocala,	FL	85 Zip Code
			34474

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *D. S. Lee* X 4.28.98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DID ROBERT LEE
STREET ADDRESS		1.3 STREET ADDRESS	5072 N.W. 80TH AVE RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ocala, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VISITING DOROTHY G. LEE
STREET ADDRESS		2.3 STREET ADDRESS	5072 N.W. 80TH AVE RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ocala, FL
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 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 *D. S. Lee* X 4.28.98 352 V 4.28.98 V 377 5000

CR2E034 (10/97)