

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90237 018 ***150.00

DOCUMENT # **P98000002441**

1. Corporation Name
PERDIDO QUALITY FENCES, INC.

Principal Place of Business
**1525 OAK LEIGH COURT
PENSACOLA FL 32506**

Mailing Address
**1525 OAK LEIGH COURT
PENSACOLA FL 32506**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1998

2. Principal Place of Business
21 **10144 SUGAR CREEK CIR.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **10144 SUGAR CREEK CIRCLE**
Suite, Apt. #, etc.

4. FEI Number
59-3490148
Applied For
Not Applicable

22
City & State
23 **PENSACOLA FL.**
Zip Country
24 **32514** 25 **USA**

27
City & State
28 **PENSACOLA FL.**
Zip Country
29 **32514** 30 **USA**

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

9. Name and Address of Current Registered Agent

**AHERN, MATTHEW J
1525 OAK LEIGH COURT
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81 Name **JOAN GRAHAM**
82 Street Address (P.O. Box Number is Not Acceptable)
10144 SUGAR CREEK CIRCLE
83
84 City **PENSACOLA** FL 85 Zip Code **32514**

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 *J. Graham* **JOAN GRAHAM** **PRESIDENT.** **3.5.99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	AHERN, MATTHEW J	1525 OAK LEIGH COURT	PENSACOLA FL 32506	<input checked="" type="checkbox"/>
D	TURNER, JOSEPH W	1068 OAK VIEW DRIVE	PENSACOLA FL 32506	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	JOAN GRAHAM	10144 SUGAR CREEK CIR.	PENSACOLA FL 32514	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *J. Graham* **JOAN GRAHAM** **3.5.99.** **850492 6865**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)