

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90010 032 ***550.00

DOCUMENT # **P98000013865**

1. Corporation Name

PERPETUA HOLDINGS OF INDIANA, INC.

Principal Place of Business

**ONE INDEPENDENT DRIVE
SUITE 3110
JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DRIVE
SUITE 3110
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

35-1657365

Applied For

Not Applicable

2. Principal Place of Business

21 2163 N. Illinois St.

2a. Mailing Address

26 5620 N. Kolb Road

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 Suite 220

City & State
23 Indianapolis, In

City & State
28 Tucson, AZ

Zip
24 46202

Country

25

Zip

29 85750

Country

30

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F&L CORP
200 LAURA STREET
JACKSONVILLE FL 32202**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **TAYLOR, GREGG B**
STREET ADDRESS **ONE INDEPENDENT DRIVE, SUITE 3110**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME **Edmonds, Slivy**
1.3 STREET ADDRESS **5620 N. Kolb Road Suite 220**
1.4 CITY-ST-ZIP **Tucson, Az 85750**

TITLE **D** ☒ DELETE
NAME **WATTERS, GARY A**
STREET ADDRESS **ONE INDEPENDENT DRIVE, SUITE 3110**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

2.1 TITLE **Director** ☒ Change ☐ Addition
2.2 NAME **Clinkscale, Frank**
2.3 STREET ADDRESS **5620 N. Kolb Road Suite 220**
2.4 CITY-ST-ZIP **Tucson, AZ 85750**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Edmonds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-99
Date

Daytime Phone #

CR2E034 (5/99)